

Conducting a
Situation Analysis of
Orphans &
Vulnerable Children
Affected by
HIV/AIDS



USAID, Bureau for Africa,
Office of Sustainable Development

A Framework and Resource Guide

Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS

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Preface

This framework and resource guide includes material drawn from the draft document *What Can We Do to Make a Difference? Situation Analysis Concerning Children and Families Affected by AIDS* (October 2000) by John Williamson, Senior Technical Advisor for the Displaced Children and Orphans Fund (DCOF) of the U.S. Agency for International Development (USAID). Much of the material in that document was originally prepared for the United Nations Children's Fund (UNICEF) in 1995 as a chapter in draft guidelines for action for children and families affected by HIV/AIDS. UNICEF subsequently approved use of that material by DCOF and then revised, updated, and added new material in 2000.

In 2003, the text was again substantially revised to update information, add country examples, and make the content more useful to programmers in the field as a framework and resource guide. Developing the document has been an iterative process that incorporated the varied and dynamic approaches to planning and conducting a situation analysis. The document was written with the objective of moving toward a standard framework for conducting a situation analysis concerning orphans and vulnerable children. The document has been further refined as we and our technical, programmatic, and policy colleagues have furthered our understanding of the host of ways that HIV/AIDS is increasing children's vulnerability and of the information required to make sound policy and program decisions.

During late 2003, a number of international meetings addressed the unmet needs of orphans and vulnerable children and the challenges that must be overcome to meet these needs. These meetings discussed opportunities to bring about change, identify positive policies and programs, and plan how best to move forward. They provided additional opportunities to collect and incorporate comments on this document and share experiences related to conducting situation analyses focused on orphans and vulnerable children. The capacity-building workshop in Lesotho on November 10-14,* convened by USAID and UNICEF, was designed to address key technical areas considered essential for laying a firm foundation for moving forward. From that meeting, key themes emerged related to conducting a successful situation analysis and meeting remaining challenges. These themes are presented below as questions for you to consider as you begin to undertake a situation analysis.

Overall, the workshop participants highlighted their situation analyses as being useful resources and providing a basis for further program design to assist children, families, and communities. Many of the group's concerns stemmed from having already gone through the experience of conducting a situation analysis specific to orphans and vulnerable children. Their experience highlighted complex topics that countries are trying to resolve in a manner appropriate to their particular circumstances.

As you embark on a situation analysis, remember that the many steps are a learning process. We present here questions to have in mind as you initiate the process of conducting a situation analysis. We hope that this framework and resource guide will assist you in thoughtfully working through these challenging issues.

Planning a Situation Analysis

When you embark on a situation analysis, how do you bring partners on board, especially governmental ministerial sectors that are not inclined to work on orphan and vulnerable children issues?

How do you identify teams and task forces and determine objectives, constraints, methodologies, funding, analysis, and recommendations?

How do you avoid creating expectations for funding when conducting the situation analysis?

What do you do when in-country technical capacity seems too limited? Is it better to make the most of the capacities locally available or to bring in outside expertise?

When does a situation analysis become outdated?

* The workshop report *Strengthening National Responses: Southern Africa Workshop on Orphans and Other Vulnerable Children* (Mark Loudon, author) is available from Family Health International.

Gathering Information

How do we determine which approach works best in our context in terms of collecting information – a team approach, consultants, or other options?

What criteria can be used to define, quantify, and assess vulnerability? When does a child become vulnerable?

How can you measure or assess the economic well-being or vulnerability of children and families in a socioculturally relevant manner?

How can the children be involved in the situation analysis in a meaningful way?

Analyzing Gathered Information

A situation analysis normally seeks to measure problems in statistical terms. How do you move beyond statistics?

How do you know if funding resources are reaching the most vulnerable children and families?

How can you identify and take stock of effective trends in interventions for orphans and vulnerable children?

Situation Analysis Findings and Recommendations

What is the best way forward in terms of significantly improving the well-being of the greatest number of orphans and vulnerable children?

Can you devise a systematic approach to setting priorities for allocating available resources?

How can donors be identified who may consider giving grants to address problems among orphans and vulnerable children?

To what extent can a situation analysis be used to devise interventions or measure and tackle the problems orphans and vulnerable children face?

What does it take to develop the human resources of a country?

Abbreviations and Acronyms

ARCH	Applied Research on Child Health (Project)
AIDS	Acquired immunodeficiency syndrome
BSS	Behavior Surveillance Survey
CBO	Community-based organization
CRC	Convention of the Rights of the Child
DALY	Disability-adjusted life-year
DCOF	Displaced Children and Orphans Fund
DHS	Demographic and Health Survey
FHI	Family Health International
GIS	Geographic information systems
GNP	Gross national product
HALE	Healthy life expectancy
HIV	Human immunodeficiency virus
IAEN	International AIDS Economic Network
IDRC	International Development Research Centre
IFRCRCS	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
LSMS	Living Standards Measurements Survey
MAP	Multi-Country HIV/AIDS Program for Africa (World Bank)
MDG	Millennium Development Goal
MFI	Microfinance institution
MICS	Multiple Indicator Cluster Survey
NCC	National Council for Children (Uganda)
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PCP	<i>Pneumocystis carinii</i> pneumonia
PHNI	Population, Health and Nutrition Information (Project)
PLA	Participatory learning and action
PMTCT	Prevention of mother-to-child (HIV) transmission
PRA	Participatory rapid appraisal
REPSSI	Regional Psychosocial Support Initiative
SADC	Southern Africa Development Community
STI	Sexually transmitted infection
SWOT	Strengths, weaknesses, opportunities, and threats
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization

UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNPAC	Uganda National Program of Actions for Children
USAID	United States Agency for International Development
VIPP	Visualization in participatory programmes
WADEM	World Association for Disaster and Emergency
WFP	World Food Programme
WHO	World Health Organization
WHO/AFRO	World Health Organization Africa Regional Office

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Introduction

Worldwide, the number of children under age 15 who have lost one or both parents to AIDS stands at more than 14 million, and estimates predict this number will surpass 25 million by 2010. The vast majority – 11 million – of these children live in sub-Saharan Africa (*Children on the Brink*, 2002). This figure represents 11.9 percent of the region's under-15 population. The number of orphaned young people ages 15 to 18 who are suffering the personal and social devastation of AIDS is unknown. With infection rates still increasing and people continuing to die from AIDS, the disease will continue to cause large-scale suffering for children and their families for at least the next two decades.

The impacts of HIV/AIDS on children, families, communities, and countries are products of many inter-related factors and require responses that vary by family, community, and country. These factors include the local pattern of the spread of HIV infection, economic activities, service availability, resources, public knowledge and awareness, the social environment, culture, the legal environment, and political leadership. For responses and interventions to be effective with a strategic use of resources, they must be informed by a working understanding of the most significant of these factors and how they relate to each other in terms of causality and mitigation of the devastating impacts.

This framework and resource guide is intended to help people involved in programs assisting orphans and vulnerable children conduct a situation analysis. It is hoped that this guide will bring about a better understanding of the essential elements and outcomes of a situation analysis in order to promote realistic, effective, and feasible interventions to protect and improve the well-being of the children and families who bear the greatest impact of the AIDS epidemic. The guide serves as a tool for collecting and synthesizing in-country and sub-national information. Examples of situation analyses and related research are provided throughout the document to draw upon the variety of approaches, and their components, that communities and institutions have undertaken to assess their particular situation. We hope that these will be used as applicable lessons from actual experience.

A situation analysis includes the development of sound recommendations to promote shared understanding among interested parties, which could include government ministries, nongovernmental organizations (NGOs), international aid organizations, religious bodies,

Who is an orphan or vulnerable child?

The concepts of orphan and vulnerable child are social constructs that vary from one culture to another. In addition, these terms take on different definitions that can be at odds with one another depending on whether they were developed for the purpose of gathering and presenting quantitative data or for developing and implementing policies and programs. It is important to make this distinction and establish a "firewall" between definitions developed for one purpose versus the other. Problems occur in the field when definitions established for quantitative purposes are picked up and used for program targeting or eligibility criteria in policy and program implementation. The quantitative process must have clear boundaries and allow for absolute distinctions. In contrast, developing and implementing policies have to take into account local variations in what factors cause or constitute vulnerability. In the latter case, no one prescriptive notion will suffice for every occasion.

For quantitative purposes, the term orphan may refer to a child who has lost only his or her mother, only his or her father, or both parents. Different ages have also been used to classify children as orphans, with international organizations and governments variously defining orphans and vulnerable children in the under-15 or under-18 age groups. A UNAIDS report* has defined an orphan and vulnerable child as "a child below the age of 18 who has lost one or both parents or lives in a household with an adult death (age 18-59 years) in the past 12 months or is living outside of family care." The concept of vulnerability is complex and may include children who are destitute from causes other than HIV/AIDS.

* *Report on the Technical Consultation on Indicators Development for Children Orphaned and Made Vulnerable by HIV/AIDS*. UNAIDS/UNICEF. Gaborone, Botswana. April 2-4, 2003

the public and private sectors, and community groups. All have a stake and play a role in addressing and responding to the needs of children and families destabilized by the impact of HIV/AIDS on their lives.

This guide is somewhat broad in nature. More detailed guidance on methods and tools for conducting a situation analysis is available in the Family Health International (FHI) document *Assessing the Situation of Orphans and Other Vulnerable Children Affected by HIV/AIDS: A Guide for Implementers* (2004). The FHI guide outlines methods for assessing factors surrounding orphans and vulnerable children in order to provide programmers in the field with specific tools and resources to assist them in a step-wise approach to the assessment process. To that end, it focuses on the process, while this framework and resource guide tells you what is important and necessary. Together, this framework and resource guide and the FHI assessment guide are envisioned as complementary resources for developing systematic approaches to assessing child vulnerability.

Situation Analysis Versus Needs Assessment

A situation analysis is a process of gathering and analyzing information to guide planning and action. It provides a synopsis of a particular situation at a given point in time that can be useful to different audiences for a variety of purposes, including:

- Policy and strategy development
- Advocacy
- Social mobilization
- Information exchange
- Stakeholder coordination and collaboration
- Program design

A situation analysis differs from a needs assessment in a few ways. The needs assessment is a narrower concept in that it basically assesses what problems exist and what needs to be added or scaled up to address them. The situation analysis is broader in scope in that it identifies pri-

ority problems in a complex situation and also considers the underlying dynamics with a view toward identifying potential points of intervention. It also focuses on capacities and identifies not only current policies and relevant services but current and potential stakeholders as well. The effort among all stakeholders – children, families, and communities primary among them – must be a collaborative one. From this process, the information gathered and analyzed is used to facilitate the process of planning systematic, strategic, and integrated collaborative responses that successfully address child vulnerability.



N.McKee/IDRC

In the context of children and families affected by HIV/AIDS, situation analysis involves gathering information about the epidemic, its consequences, household and community coping responses, and relevant policies and programs. It concludes with analyzing the information gathered, identifying geographic and programmatic priorities, and making specific recommendations for action.

Depending upon the purpose and scope, the situation analysis provides valuable information that can serve as a basis for making difficult choices about how to direct resources to benefit the most seriously affected children, families, and communities. The process by which a situation analysis is undertaken can increase awareness of the impacts of HIV/AIDS on children and families, strengthen collaboration and coordination among partners, and facilitate the development of a common agenda for strategic action.

A situation analysis should be more than a technical exercise to generate information; it should help build consensus among key stakeholders. Collaboration to mitigate the impacts of HIV/AIDS becomes essential as an HIV epidemic spreads. Conducting a situation analysis as a broadly inclusive, highly participatory process provides a vital opportunity to bring together key participants – those already engaged and those who will need to be – and to identify in broad terms the best way forward. These might include relevant ministries, international organizations, donors, NGOs and their coordinating bodies, associations of people living with HIV/AIDS, religious bodies, women's associations, members of seriously affected communities, university departments,

civic organizations, youth groups, the business community, or other concerned groups. If key stakeholders participate actively, they are more likely to feel ownership of and commitment to the findings of a situation analysis.

For a situation analysis to provide useful guidance for addressing the problems of the most vulnerable children and families effectively and at scale, it must provide information that allows geographic targeting and identifies key interventions that can be implemented at scale with sustainable results. Even if cost-effective responses to the most critical needs of vulnerable children and families are developed, sufficient resources to implement and sustain these responses uniformly throughout a country may not be available. In order to facilitate the targeting of resources, a situation analysis should identify those geographic areas where families and communities are having the most difficulty protecting and providing for the most vulnerable children.

Situation analysis also serves as a useful tool for building frameworks and creating mechanisms for continual assessment and analysis to address and respond to the changing needs of children and families affected by HIV/AIDS. As such, it should be an ongoing process, updated and adjusted as necessary. A situation analysis provides a valuable picture of the impacts of HIV/AIDS and responses to them, but conditions will evolve with the epidemic and with other factors influencing poverty and vulnerability. As time passes and aggregate social and cultural conditions change, any given situation analysis will gradually become outdated, providing a less accurate representation of current reality. Therefore, periodic monitoring is needed to help guide and adjust interventions to meet the dynamic environment in which people live.

Why Conduct a Situation Analysis on the Vulnerability of Children in the Environment of HIV/AIDS?

As outlined above, a situation analysis can educate and influence the general public, donors, program developers, policymakers, and others. The information gained from a situation analysis can help these groups more effectively and efficiently meet the needs of orphans and other vulnerable children, families, and communities. A situation analysis should ultimately provide clear answers to the question “Why should we care about these issues?”

A situation analysis serves as a framework to systematically collect, organize, and report information on chil-

dren and their vulnerability. It includes both quantitative and qualitative information on demographics, health, education, social conditions and welfare, economics, laws, and policies. Depending on the context and scope of the analysis, other topics might also be covered.

There are five primary reasons for conducting a situation analysis:

- Develop stronger programs to meet the needs of orphans and vulnerable children, families, and communities
- Develop relevant and appropriate policies that protect the rights of children and ensure their care
- Mobilize financial resources and other forms of support for action
- Generate social mobilization
- Create a monitoring and evaluation framework for continued assessment of the situation of orphans and vulnerable children

Program development. A situation analysis can lead to stronger programmatic responses by helping interested groups better understand the circumstances of orphans and vulnerable children within the political, cultural, and social context. By providing credible technical information on the current and future magnitude of orphaning and other impacts of HIV/AIDS on children and families, a situation analysis can help groups target scarce resources and plan for future needs. It includes an overview of the program response to date and its adequacy; identifies major gaps in knowledge and practices; and estimates the extent of service provision, coverage, and unmet needs. It can identify stakeholders and populations of particular concern. This knowledge feeds back into appropriate program content, prioritization of needs, and the avoidance of program overlap by active groups and others planning new activities.

Policy development. Every country needs a policy and legal framework for protecting and caring for affected children. A comprehensive situation analysis considers the adequacy of current policies that affect children's well-being; identifies gaps, weaknesses, and potential changes; lays out the comparative advantages, strengths, and weaknesses of government and civil society in providing services; and delineates their respective roles and responsibilities. It must also consider the resources and capacities necessary to implement the policies effectively.

Resource mobilization. The results of a situation analysis can also be used to advocate for specific action or support – financial, political, social, or otherwise – from public and private program managers, policymakers, donors, or the general public. The inventory of resources should include actual and potential local, national, and international resources, and estimate the cost of new resources that may be required. To be an effective advocacy tool, the results and interpretations of the situation analysis should be developed into focused recommendations that identify organizations responsible for carrying out a plan of action within a specific time frame. For recommendations to be relevant and realistic, they need to be attainable, which in turn depends on resources, capacity, and political will. If a situation analysis is to lead to effective decisionmaking, planning, and action, it must not become an end in itself but serve as a springboard for building consensus and momentum regarding specific actions.

Social mobilization. A situation analysis can unveil a plethora of information to generate social mobilization. Broad participation from stakeholders and policymakers can be capitalized upon to draw active involvement from the media, faith-based organizations, and opinion leaders.

Monitoring and evaluation. Lastly, a situation analysis can serve as the impetus for establishing monitoring and evaluation tools. By working within a framework, interested parties can periodically replicate the collection of data and other information to examine trends, measure progress, and assess future needs. A situation analysis can also serve as a baseline or reference point within a program evaluation.

Situation Analysis of Orphans and Vulnerable Children in Zambia, 1999

During the second half of 1999, multiple groups collaborated to carry out a situation analysis of orphans and vulnerable children in Zambia.

The aim of the study was to understand the current situation of orphaned children in Zambia and to assess current models of care in order to strengthen and improve strategies that aim to address the orphan-related needs of individuals, households, and communities. Its objectives were to:

- Establish present and projected future estimates of orphan populations
- Identify serious problems facing families and communities coping with orphans and the causes of these problems
- Assess community responses to the situation of children left with only one or no parents
- Assess models of care and identify successes, best practices, and areas for further development
- Recommend to the government, the national orphan task force, NGOs, and other cooperating partners appropriate strategies for addressing the needs of communities coping with orphaned children

The study was managed by a steering committee with members from government ministries, international donors, the United Nations, an NGO umbrella group, and other organizations with relevant expertise. These included representatives of the government's Social Recovery Project (funded by the World Bank); the Zambia AIDS-Related Tuberculosis Project; UNICEF; USAID; the Nutrition and Household Food Security Monitoring System; the Participatory Assessment Group; the Children in Need Network; and the ministries of community development and social services, education, and health. UNICEF, USAID, the Swedish Development Agency, and the Social Recovery Project provided funding for the situation analysis.

The steering committee supervised the work of five teams of local consultants, each of which produced a report on its respective area within the study. Support for the day-to-day work of the consultant teams was divided among the funding bodies. The teams' areas of focus included:

1. Literature review
2. Data review and enumeration (search and analysis of existing statistical data)
3. Community response (community-level impact, perceptions, and coping using participatory methods)
4. Institutional response (profiles of each program addressing needs of orphans with a summary overview and assessment)
5. Perceptions of care (in-depth analysis of specific programmatic approaches)

There were advantages and disadvantages in having all five teams work at the same time. This approach facilitated communication and discussion of issues among the teams. Key issues were identified by each team independently and then discussed and compared. Some felt, however, that if the literature, data, and institutional response reviews had been done first, key issues would have been identified for more in-depth analysis in the "community response" and "perceptions of care" components.

In addition to the reports prepared by the five teams, a summary report synthesized the teams' findings and made recommendations. These were combined in the final report, *Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999*. Fieldwork for the situation analysis began in June 1999, and reports were completed by November and presented at a national orphans workshop in December. Participants in that workshop developed a plan of action to respond to the identified priorities. Findings of the situation analysis have been used in designing national-level programs.

The Process: Planning a Situation Analysis

A situation analysis can be undertaken at different levels – community, district, state/provincial, and national. The process is described here from a countrywide perspective, with some attention to tailoring needs to the sub-national and household levels. Even where the focus is on a particular district or community, attention must be given to national laws, policies, and structures that affect the area concerned.

This section identifies key steps in preparing and planning your situation analysis, including the identification of key elements and principles, determination of the purpose of the analysis, definition of its goals and objectives, and organization of the process. The time and effort required for a situation analysis vary from country to country and depend on the scope of the

undertaking and specific topics being investigated. The process should not become an end in itself, nor should it consume a disproportionate share of the resources available for addressing the children and families who are its focus.

Key Elements and Principles

The usefulness of the situation analysis' findings and recommendations will fade over time, so it should be used to lay the groundwork for ongoing monitoring of the key issues identified. The table below provides a sample overview of the elements typically included in a situation analysis. These are suggestions only and need to be examined in light of the local situation, existing information, and other considerations.

Elements of a Situation Analysis				
	Planning	Information Gathering		Analysis
		National Level	Local Level	
Activities	Engage all key actors Define: <ul style="list-style-type: none"> Objectives Technical scope Geographic coverage Process and participation Skills needed Budget(s) 	Collect and review existing: <ul style="list-style-type: none"> Reports and other documents Statistics Programs Interviews of key informants 	Collect reports and statistical information Carry out focus group discussions in priority areas Interview key informants	Identify: <ul style="list-style-type: none"> Most urgent problems Causes Local responses, coping strategies, and capacities Key aspects of context Identify potential intervention strategies and measures
Outputs	A written plan that includes responsibilities of each participating body with a line item budget	A full overview of: <ul style="list-style-type: none"> Problems Context of problems Local responses, coping strategies, and capacities Relevant laws and policies Relevant services Initial mapping of: <ul style="list-style-type: none"> Most seriously affected populations Service areas of existing programs 	In-depth understanding of: <ul style="list-style-type: none"> Problems Context of problems Coping strategies Current and potential programmatic action Relevant laws and policies Services Refined information on coverage of existing services	Report containing: <ul style="list-style-type: none"> Overview of problems Identification of priority issues, capacities, and resources Identification of key intervention points Recommendations for action Key information and sources for ongoing monitoring

Source: Williamson J. October 2000. *What can we do to make a difference? Situation analysis concerning children and families affected by AIDS* (draft). Displaced Children and Orphans Fund of USAID.

Several key principles are listed below to help you guide the planning process. These principles can facilitate the successful completion of the situation analysis while saving time and resources. By helping to create “buy-in” from stakeholders, these principles can ensure the long-term success of efforts to assist orphans and vulnerable children.

Ensure a collaborative process. Collaboration to prevent and mitigate the impacts of HIV/AIDS becomes essential as an HIV epidemic spreads. Conducting a situation analysis as a broadly inclusive, highly participatory process provides a vital opportunity to bring together key participants who are already engaged and those who will need to be involved as the process continues. It can identify in broad terms the roles and best steps for each participant to take. If key stakeholders participate actively, they are more likely to feel ownership of and commitment to the analysis findings. These stakeholders might include:

- Government ministries
- International organizations
- Donors
- NGOs
- Associations of people living with HIV/AIDS
- Religious organizations
- Universities
- Community and civic organizations
- Youth groups
- Women's associations
- The private business sector
- Other concerned groups

Use existing networks of resources. It is important to capitalize upon existing national resources and infrastructure before seeking additional resources. One of the key functions of the situation analysis is to systematically identify networks of existing programs, contacts, and resources. During the situation analysis, these networks can be tapped for their information on and knowledge of vulnerable children. The links in these networks can also be the initial elements of a national response. Network contacts can provide expert advice, insight, and potential access to policymakers and influential community members. Forming a working group of network members can help initiate such activities as:

- Developing a national HIV/AIDS strategic framework
- Developing national HIV/AIDS action plans
- Conducting policy and legislation reviews
- Establishing committees for reporting on child rights
- Holding national and regional HIV/AIDS consultations

In addition, the situation analysis can benefit from and contribute to related activities, such as the country coordinating review processes of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the development and implementation of loans and grants from the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP).

Enhance capacity. The process of carrying out a situation analysis should itself build national and local capacity, knowledge, and skills. While external assistance can be valuable, local knowledge and skills should be used as much as possible. The individuals with the best knowledge of the situations of children and families are likely to be local people who are involved with NGOs, faith-based organizations, and community-based organizations.

Maintain joint ownership. It is important that all stakeholders, including the government and local authorities, actively participate, have clearly defined roles, and have shared ownership of the final analysis. Their participation in gathering and analyzing information prepares them for subsequent action.

Target priority areas. For a situation analysis to provide useful guidance on how problems among the most vulnerable children and families can be addressed effectively and at scale, it must produce information needed for geographic targeting and identify key interventions that can be implemented at scale with sustainable results. A situation analysis should identify those geographic areas where families and communities are having the most difficulty protecting and providing for the most vulnerable children. This requires identifying available census or other reliable survey information on orphaning and adult mortality. The spread of the epidemic and its impact on economic activities, including different farming systems, must also be considered, as well as health, nutrition, education, and other vulnerability indicators. You should also assess the geographic reach and effectiveness of current services. Mapping such information can help identify underserved areas and geographic priorities.

Build on what is known. A key principle in conducting a situation analysis is to build on what is already known. Many countries already have a wealth of formal and informal data. A network of professionals and organizations is a key resource in locating national and international research studies and program examples. It is important to look beyond the local situation and to explore what can be shared and learned across borders. A literature review that includes the “gray” area of unpublished literature should be part of a situation analysis as well.

Take a multidimensional, multisectoral approach.

The determinants of the impacts of HIV/AIDS on children and families are clearly multidimensional and multisectoral.

Therefore, the situation analysis needs to take an interdisciplinary approach that analyzes the different determinants in an integrated fashion. This requires identifying public and private institutions

and organizations relevant to child well-being. Building a dynamic network of individuals from several sectors will increase the opportunities for important topics to be covered and linked in the analysis, and help ensure that recommendations are relevant, information dissemination is directed toward appropriate audiences, and future program resources are directed to the related needs of particular sectors.¹ A multidimensional and multisectoral approach may also help identify groups willing to provide resources to complete the analysis. As this framework and resource guide later details, important sectors that should be involved include the health, education, economic strengthening, social welfare, and legal sectors. It may be necessary to include other sectors as well, depending on the particular nature and effects of the HIV/AIDS epidemic.

Determining the Purpose of the Situation Analysis

The first step in developing a plan for a situation analysis is to determine its purpose. Defining the analysis' purpose will narrow down the array of approaches and help you develop a plan for executing and completing the

project. A key question to consider is “How will we ultimately utilize the findings of the completed analysis?” The purpose is dependent upon a variety of factors including the mandate of the participating organizations; the persons or groups the analysis is intended to influence; particular problems that the implementing body or groups hope to address; and the overall scope (geographic and demographic) of the analysis itself. Therefore, the purpose will vary from one situation analysis to another.



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Defining the problems the analysis will address is a component of determining its purpose. The impetus for a situation analysis often arises from perceived problems. Identifying these problems will assist in developing the overall purpose of the analysis. In addition, the results of the situation analysis may further refine the definition of the problems of orphans and vulnerable children.

Defining Goals and Objectives

Defining the goals and objectives of a situation analysis is driven by the purpose of the analysis and will depend upon several factors. For example, the goal of your situation analysis may be related to or depend on the stage of the HIV/AIDS epidemic in the country or area under analysis (see box on page 10). Within a given country, various sub-populations may be at different stages of the epidemic and have different concerns that should feed into the goals of the situation analysis. A situation analysis in a low-prevalence country that is anticipating an escalation in adult HIV prevalence will have different goals from a situation analysis in a country such as Botswana, Namibia, Swaziland, Zimbabwe, Lesotho, Zambia, or South Africa, where adult HIV prevalence rates already exceed 20 percent of the 15- to 49-year-old population.

¹ See, for example, the report *Forgotten Families: Older People Caring for Orphans and Vulnerable Children Affected by HIV/AIDS* (2003, International AIDS Alliance and HelpAge International), which assesses the impact of orphans and vulnerable children on elderly populations.

Stages of the HIV/AIDS Epidemic and Their Effect on Situation Analysis Design

The design of the situation analysis depends in part on which of the following stages a country's HIV/AIDS epidemic has reached:

Stage I: These countries have relatively low HIV prevalence rates. Few assessments have been conducted to determine the magnitude of the situation. These countries are beginning to conduct initial studies to understand the situation. They may have little or no formal system for mitigating the negative impacts of AIDS on families, especially children. There may be no policies, laws, or institutions in place to address the special issues of food security, education, inheritance, income generation, and caregiver support for orphans and vulnerable children. These countries may be attempting to quantify their orphan populations and identify areas of highest need.

Stage II: These countries continue to experience escalating HIV prevalence rates. They have conducted assessments and have a broad understanding of the problems they are facing. However, they have yet to develop extensive support systems for addressing the needs of children and families affected by AIDS, and the existing network is still somewhat informal. These countries may be attempting to estimate the number of orphans, conduct further qualitative analyses to identify potential community support initiatives, and suggest appropriate interventions.

Stage III: These countries have had very high HIV prevalence rates for a number of years and are the countries hardest hit by the epidemic. As a result of studies, assessments, and interventions already undertaken, they have an understanding of the problem and its issues. They may have attempted to address these issues at a national level and may also have policies in place designed to protect children. These countries may be struggling with decisions about how to redirect financial and human resources to improve their programs for AIDS-affected children and families. They may also be attempting to obtain more accurate estimates of the orphan and vulnerable children population, as well as better measures of the effectiveness of interventions and better data to justify expanded programs.

The goals of an analysis may also be related to the focus of previous analyses, either serving to follow up or fill gaps in knowledge on topics not previously investigated. The higher-prevalence sub-Saharan African countries, which have been dealing with the impacts of AIDS for more than a decade, may already have information, interventions, and programs that address issues of vulnerable children. Countries such as Kenya, Malawi, Namibia, Uganda, South Africa, and Zambia have conducted various national situation analyses to determine the magnitude and status of this special population and to explore and describe community and government support systems.

Determining how the results of the analysis will be used will also help you define goals. Often the goal of a situation analysis is to develop a comprehensive overview of children's conditions in areas seriously affected by HIV/AIDS, including causative and mitigating factors and priorities for action. The process will develop a quantitative and qualitative description of conditions in a delineated geographic (national, sub-regional, provincial, district, or community) area.

In the early stages of planning your situation analysis, it is important to determine its scope. Its geographic and

demographic scopes may be broad (e.g., children in the entire country), or focused (HIV-infected children under age 5 in urban areas). The purpose and goals of the analysis will influence its scope, and vice versa. When considering the scope, it is important to keep in mind that programs addressing HIV/AIDS-related problems are often concentrated in areas where such problems first generated concern. It is possible that other seriously affected areas and populations have received little attention. It is thus very important to consider such neglected areas in your analysis.

Setting out objectives is a step-wise process that leads to the overall goal. Objectives might include:

- Quantifying the orphan situation and other changes in child vulnerability (e.g., increased number of street children, reduction in school attendance, changes in nutritional status)
- Describing conditions that orphans, other vulnerable children, families, and communities face due to AIDS
- Identifying and describing coping strategies
- Identifying factors that influence problems or coping strategies, positively or negatively

- Quantifying the effects of HIV/AIDS on children and families and projecting how the nature and magnitude of these problems might change over time
- Describing the roles, programs, coverage, and approaches of government bodies, international organizations, NGOs, religious bodies, civic organizations, and grassroots groups currently or potentially involved with children and families affected by HIV/AIDS
- Identifying priorities among identified problems
- Identifying geographic areas for priority attention
- Identifying potentially effective policies, programs, and other actions
- Laying the groundwork for monitoring the effects of HIV/AIDS on children and families and the impact of interventions



D. Mowbray/IDRC

information and recommendations. Determining your work plan will serve as a management tool to complete the analysis on time and on budget.

Overall leadership of the situation analysis and its products is important to the success of the analysis. Leadership of the analysis can come from the institution initiating the analysis or from other interested parties. Acceptance of the analysis' results and consideration of its recommendations are often dependent upon this leadership.

Staffing for a situation analysis can range from a single full-time individual to a team of interested individuals and technical experts. No matter the number of people involved or their expertise, it is important to lay out an overall management and accountability structure with clearly defined roles and responsibilities for each individual and organization. This structure should cover not only

the development of the report and recommendations (including review of drafts) but also dissemination and follow-up activities. A designated manager may be necessary to coordinate activities, especially if several organizations or individuals are involved.

It is important to consider the skills required to successfully complete the analysis and identify team members or short-term technical experts who have these skills. Those responsible for carrying out a situation analysis will use and address information from such fields as public health, social welfare, child welfare, economics, education, religious affairs, culture, statistics, epidemiology, community development, anthropology, psychology, and law. They will identify and collect information from administrative documents, studies, reports, key informants, and program descriptions. Direct research in affected communities requires skills in interviewing as well as group and community work. It may also involve special skills in conducting surveys, focus group discussions, or other information-gathering activities. Findings in one technical or geographic area may raise issues for investigating in other areas that were not initially considered. During the situation analysis, team members should come together regularly to share

Planning and Organization

Defining the purpose, goals, and objectives of the situation analysis lays the groundwork for developing a plan for conducting the work. Decisions should be made regarding:

- Conceptual framework
- Work plan
- Study methodology
- Cleaning, refining, and analyzing the gathered information
- Study costs and itemized budget
- Management and accountability
- Leadership
- Publication and information dissemination
- Follow-up activities

To ensure the situation analysis meets its goals and objectives, it is important to decide on a conceptual framework for collecting, reporting, and disseminating

their findings, questions, and observations with the group and other stakeholders.

The total human and financial resources required to complete the analysis should be determined and acquired before initiating the analysis. If more than one organization is involved, each will have to define the staff time and other resources it will commit to the process and/or the additional funds it will need to carry out its respective responsibilities. Your network of professionals and institutions will be a resource for locating required funding. A multisectoral approach to planning and organizing can help identify a variety of sources interested in helping to fund the analysis. Most importantly, a detailed budget should be developed for the analysis. This budget should attach costs to specific activities, staffing salaries, transportation, training, per diems, interorganizational communications, data collection, data entry, analysis of data and other gathered information, report preparation, printing, and dissemination of report findings and recommendations. The budget and timeline should be shared with all stakeholders and represent their combined efforts and resources to promote further ownership, commitment, and transparency.

The time frame for carrying out a national situation analysis can range from a few weeks to several months. The amount of time needed is influenced by such factors as the size and scope of the analysis, the stages and distribution of the HIV/AIDS epidemic within the country, the diversity of the most seriously affected populations, and the availability of information and data. Operational factors that may affect the time frame include the sense of urgency for initiating programs, budgetary considerations, the number of organizations involved, the existence and quality of any previous assessment work, and the resources available for the situation analysis.

For more detailed guidance on planning and managing a situation analysis see FHI's *Assessing the Situation of Orphans and Other Vulnerable Children Affected by HIV/AIDS: A Guide for Implementers* (2004). The document outlines methods for assessing factors surrounding orphans and vulnerable children.

Gathering Information

HIV/AIDS threatens the achievement of such broad global development goals as decreasing poverty, providing education for all, increasing access to health care, and promoting good governance. Families, communities, and nations are negatively affected by the epidemic and are determining the best ways to cope with its stresses. Children are affected by HIV/AIDS in a variety of ways. Some children are themselves infected, many are orphans or have ill parents or family members, and still others live in communities where the epidemic has weakened cultural and social structures. Determining the current situations of these children requires gathering information on how HIV/AIDS is increasing child vulnerability and altering traditional protective social

structures, as well as on how programs and institutions are being affected and responding.

Your analysis will draw information from many sources using a variety of data-gathering methods (see box below). Among the factors that will affect your choice of topics are the stage of the HIV/AIDS epidemic, available resources, and the scope of your analysis.

A basic analysis will include collecting and reporting on how HIV/AIDS is affecting:

- Demographics
- Health
- Economic issues

Using a Variety of Methods to Collect Data

Once decisions are made regarding the core information to be collected, the methodology can vary according to the needs of the situation analysis. Various approaches usually are used to collect and analyze quantitative and qualitative information.

Quantitative Data Collection Approaches

- Use of baseline data from household surveys to estimate population size
- Mapping the population and spread of HIV infection using geographic information systems (GIS) services
- Census of orphans living in institutions
- International and national databases to estimate population size
- International and national databases to inventory interventions and other topics of interest
- Computer modeling
- Inventory of organizations assisting orphans and vulnerable children
- Inventory of organizations of people affected by HIV/AIDS
- Household or community surveys of special populations (such as children living on the street) or geographic areas (e.g., child-headed households in areas severely affected by HIV/AIDS)

Qualitative Data Collection Approaches

- Extensive review of orphan-related literature specific to country or sub-national area
- National and sub-national interviews of representatives from main institutions, government agencies, communities
- In-depth interviews with orphans and caretakers
- Focus group discussions with key informants (e.g., community members, NGO workers, caregivers, orphans)
- Studies of street children and other homeless children who are not likely to be represented in formal statistics

Source: Adapted from *Assessing the Situation of Orphans and Other Vulnerable Children Affected by HIV/AIDS: A Guide for Implementers* (FHI, 2004), which provides detailed guidance on these and other data collection approaches.

- Social and psychosocial well-being
- Education
- Laws and policies

Collecting information on the types of responses currently in place to address children's vulnerability is an important part of any situation analysis. Once key information is collected that describes the children's situation, you may want to determine the nature and magnitude of the problems, map them against current responses, analyze whether the responses appropriately address the situation, and consider new actions to build upon and improve them for recommending to all stakeholders.

Gathering information will be a collaborative process, drawing on the expertise and experience of your network of stakeholders. Utilizing the resources and knowledge of those already involved with child welfare programs and policies will facilitate the process and ensure a thorough analysis.

Demographics

The HIV/AIDS epidemic and related issues of orphans and vulnerable children continue to affect people of all ages, nations, and living situations. Including demographic information in your situation analysis puts national or local issues within a population-based context. For example, population changes and migration and mortality trends broken down by gender, age, and region are

key to understanding the epidemiology of HIV/AIDS as well as its impact on children. When pooled, demographic information provides profiles of all children as well as special groups such as orphans and other vulnerable children, highlighting geographic areas of greatest need and program areas for continued

Demographic Indicators

Understanding demographics on the national or local level will assist in identifying where and how orphans and vulnerable children live, the size of current and future populations, and their geographic distribution. This information enables program developers and policymakers to identify and meet the needs of these children, helping them to survive and succeed in life. Demographic indicators for use in a situation analysis will vary by the scope of your analysis and might include:

- Population estimates and projections
- Population of orphaned children and those orphaned by AIDS
- Population growth rates
- Dependency ratios
- Number of fostering households
- Current living situations of orphans and vulnerable children
- Migration and immigration rates
- Mortality rates

monitoring. Policymakers and program developers routinely use demographic information to determine the amount of services needed within a country or a region and where to direct future program resources.

National-level statistics are available from international as well as national sources. The appendix to this document provides a list of international data sources. On the national level, census agencies, other government offices, universities, research institutions, and community-based programs often maintain national, regional, and local population statistics. Data specific to orphans and other vulnerable children, however, may be difficult to locate, depending upon available national or regional analyses.

Researchers from a variety of fields and organizations may have conducted local and national surveys along with analyses of secondary data sources, which may provide demographic information. Members of your local and national child health network would be good sources for locating these specific reports.

Conducting a new child demographic analysis or incorporating specific questions into a more broadly focused national or local survey may be necessary to meet the goals of your situation analysis within its budget and



P. Bennett/IDRC

Using Existing Research to Assess the Demographics of Orphans and Vulnerable Children

Existing research papers can be sources of useful information and baseline data for your situation analysis. Published papers and program-level research often provide sub-national or more detailed analysis not commonly found in internationally comparable databases or national survey reports. For example, Nyangara conducted an analysis in 13 countries in sub-Saharan Africa and the Caribbean based on existing Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) household surveys to examine the situation of orphans within these countries. Her study provides more detailed information and analysis than is available in the original survey reports.

Her paper “Sub-National Distribution and Situation of Orphans: An Analysis of the President's Emergency Plan for AIDS Relief Focus Countries” analyzes the sub-national distribution of orphans, their living circumstances, and school enrollment status in 13 out of the 14 countries identified for special assistance by President Bush's Emergency Plan for AIDS Relief.* The results show that in each country there are sub-regions that have orphan rates substantially higher than the national average, an indication that the orphan burden is disproportionately distributed among communities. For example, the national orphan prevalence rate in Ethiopia is 10.7%, but much higher rates are found in the Addis Ababa (15.7%), Affar (20.7%), and Somali (14.4%) sub-regions.

In countries with two household surveys, a trend emerged showing that the dependency burden for working adults has increased disproportionately in rural areas while remaining constant or declining in urban areas. This trend was evident in Haiti, Namibia, Rwanda, Tanzania, and Uganda, despite significant fertility declines in these countries. This suggests a shift of the economic and social burdens from urban to rural, therefore increasing child vulnerability in the latter.

The results also revealed that in sub-Saharan Africa non-relative child fostering (once an uncommon practice) has increased in some countries. Among countries with two surveys, the proportion of orphans who have lost both parents and are under the care of non-relatives increased in four countries – Kenya (3.1% to 8.7%), Tanzania (2.1% to 4.2%), Namibia (4.9% to 9.3%), and Zambia (2.2% to 3.5%). These results are an indication that the number of relatives that care for orphans has declined or that these relatives have become overburdened. Overall, these findings suggest that orphanhood and the problems it poses for countries and communities require a combination of national and targeted interventions.

* Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia

Source: Nyangara, F. 2004. *Sub-National Distribution and Situation of Orphans: An Analysis of the President's Emergency Plan for AIDS Relief Focus Countries*. Washington, DC: Population, Health and Nutrition Information Project/USAID.

schedule. If this is the case, conferring with other agencies or groups who have conducted similar analyses is prudent. These groups are important sources of practical advice for your efforts and can often provide technical assistance on all aspects of a survey, from questionnaire design to fieldwork coordination.

Including demographic statistics in your analysis develops a framework for monitoring and evaluating progress at the national or local level. The decision on what indicators to include may depend on access to available data, indicators included in a previous or related analysis, or the capacity and budget to collect new data. Demographic indicators may be added or deleted in future analyses, depending upon the situation under analysis.

When choosing demographic and other indicators in your analysis, you should keep in mind the need for ongoing monitoring. By collecting and reporting on the same indicators over time, trends and progress can be monitored and used to evaluate progress. Also, internationally or nationally developed indicators (such as the Millennium Development Goals) should be considered when choosing your indicators.

Health

The HIV/AIDS epidemic presents a continuum of complex health issues ranging from protecting personal health to ensuring that a society has an adequate supply of health care. In many developing countries, HIV/AIDS has reversed health gains achieved in the decades before the epidemic.

Health Indicators

Including health indicators in your situation analysis further describes the impact of HIV/AIDS on your country or target area. These indicators help programmers and policymakers monitor the health status of populations, including special populations such as orphans and vulnerable children. They facilitate comparisons across districts, regions, and countries. You should give particular attention to disaggregating data by gender, age, urban/rural residence, and geographic region. The health indicators you use will vary according to the scope of your analysis.

While not a comprehensive list, some basic indicators to start might include the following:

- HIV prevalence rates for adults and children
- STI prevalence rates
- Infant and child morbidity and mortality rates (non-AIDS-related, AIDS-related, future projections/estimates)
- Childhood immunization rates
- Food security and nutritional status
- Percent of population with access to health services (antenatal care, prevention of mother-to-child HIV transmission, antiretrovirals, HIV counseling and testing)

The scope and purpose of your situation analysis will determine which and how many health indicators you should measure. The information gathered and the conclusions it suggests will highlight problem areas and serve to guide and target program resources. Following selected indicators over time can depict trends such as increases or decreases in HIV infections, AIDS disease and deaths, sexually transmitted infections (STIs), diarrhea, malaria, pneumonia, and malnutrition.

National health statistics are available from health ministries and other government agencies, national organizations, and international organizations. You may also contact government statistical agencies, sentinel surveillance programs, universities, research institutions, district and local health centers, and NGOs for health data at the national, regional, and local levels.

In order to describe health status trends for children in your area, information on health indicators related to maternal and child health and nutrition, infant and child mortality rates, treatment of child illness, and childhood

immunizations will be useful. These data can be disaggregated by region, gender, age, and other demographic characteristics. The interrelated aspects of the HIV/AIDS epidemic and the poverty spiral have a negative effect on children's health in areas heavily affected by the disease. Reviewing trends in child health will be helpful in making this important point and relating trend data to your target area.

Several international organizations work together to produce national HIV prevalence estimates. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and eight cosponsoring agencies produce materials, maintain databases, and provide “one-stop shopping” for data and statistics related to HIV/AIDS.²

The U.S. Bureau of the Census has developed an *HIV/AIDS Surveillance Data Base*³ that includes surveillance studies conducted in developing countries. While these studies are widely scattered and small in scale, they often have specific information on HIV seroprevalence within small population groups. The information has been compiled from studies in the medical and scientific literature, presentations at international conferences, and press coverage. The Census Bureau also projects child mortality estimates by disease, including a breakdown of what child mortality is expected to be “with AIDS” and would be “without AIDS.”

Economic Issues

Economic patterns and conditions in areas affected by HIV/AIDS are among the most important contextual aspects for the situation analysis to assess. The AIDS pandemic has contributed to increased poverty and has left vulnerable even some families not necessarily considered poor. Most of the problems of vulnerable families and communities result from or are intensified by the impact of AIDS on their economic situation.

HIV/AIDS has vital multisectoral, multidimensional economic implications for persons living with AIDS, their families and households, the children they leave behind, and the community at large. The economic impacts of a parent's illness on the family (especially the children) are felt in the following areas:

- **Education:** Children may have to take time off from school or lack school fees and materials (especially at the secondary level).

² UNAIDS Web site (www.unaids.org)

³ Health Studies Branch, International Programs Center (IPC) Population Division, U.S. Bureau of the Census. (<http://www.census.gov/ipc/www/hivaidsn.html>)

- **Labor:** Due to the low productivity of the sick parent, workloads for children and extended family members increase. Children may begin to work in the formal or informal labor market to earn money for the household.
- **Food security:** Health and nutrition status decline as less money is available to properly feed the household. In agrarian regions, families may no longer have sufficient labor to till land and may lack adequate farm tools and other productive assets and inputs. Farming skills may not have been transferred to children.
- **Health:** Families may lack money for medical services after spending most of their resources on the person who is ill.
- **Shelter:** The sick adult may have liquidated protective assets such as housing and residential plots. Children need a home and caregiver after the death of a parent.

It is important to note that economic and social impacts are intertwined. As the framework below illustrates, many factors need to be taken under consideration in assessing the economic impact of HIV/AIDS. Your situation analysis can serve as a mapping exercise to elicit the coping strategies households and communities use to respond to economic impacts. These impacts may be felt at different levels – the household level (including extended families and other networks through which households obtain support), the community level, and the level of the larger economy. Systemic economic impacts include reduced household saving and investing, which affects aggregate savings, and reduced production from the loss of skilled labor to AIDS illness and death.

Assessing costs to children, families, and communities. While many studies have considered the economic costs of HIV/AIDS, few have looked specifically at costs related to child vulnerability. A good starting point for your situation analysis is to look at certain key elements, such as the costs of orphan support or long-term costs to

Framework for Analyzing the Socioeconomic Impact of Orphans

Level	Potential Socioeconomic Impacts		Mitigating/Aggravating Factors
	Short Term	Long Term	
Orphan	<ul style="list-style-type: none"> • Loss of inheritance • Reduced health, nutrition • Reduced school attendance • Increased labor • Increased social isolation, vulnerability, and abuse • Increased homelessness 	<ul style="list-style-type: none"> • Reduced productivity • Reduced socialization 	<ul style="list-style-type: none"> • Parental cause of death • Family or non-family living arrangement • Head of household • Personal characteristics (age, health, sex) • Family, community factors
Family	<ul style="list-style-type: none"> • Increased dependency ratio • Increased poverty • Increased workload • Reduced per person food consumption • Reduced use of services (e.g., education, health) 	<ul style="list-style-type: none"> • Entrenched poverty • Genderization of poverty • Further breakdown of traditional extended family structures 	<ul style="list-style-type: none"> • Previous family income and assets • Number, age, health of orphans • Parental cause of death • Head of household • Availability of aid
Community and Nation	<ul style="list-style-type: none"> • Increased poverty • Reduced child health, school enrollment • Increased inequalities • Increased crime, homelessness • Increased social instability • Changes in cultural practices • Diversion of resources for orphan care 	<ul style="list-style-type: none"> • Reduced quality of human capital • Entrenched poverty • Increased inequalities • Reduced economic growth, development • Increased social, political instability • Diversion of resources for orphan care 	<ul style="list-style-type: none"> • Historical economic strength • Access to services • Availability of assistance • Effective antipoverty programs • Effective programs for orphans

Source: Adapted from Wakhweya A, et al. 2002. *Situation analysis of orphans in Uganda: Orphans and their households, caring for the future today*. Boston: Applied Research on Child Health (ARCH) Project, Boston University and Makerere University.

children, families, and communities. You may find it helpful to conduct a mapping exercise of household and community assets to inventory community skills and talents, coping strategies, and identify both internal and external community resources. From this exercise, you will be able to list existing resources that families and communities use and note their “pros” and “cons” in providing households with viable economic safety nets before, during, and after a crisis. After analyzing the positive and negative aspects of these economic coping strategies, you may develop recommendations for advocating for sustainable approaches that help families avoid the negative economic impacts associated with HIV/AIDS.

Examples of long-term costs to children include:

- Strong possibility of dropping out of school
- Decline in nutritional status
- Reduced access to health services, including vaccinations
- Possible increase in child labor
- Potential loss of assets, including land
- Discrimination and exploitation

Examples of long-term costs to families/households include:

- Reduced financial resources to support school fees and supplies
- Reduced resources for food, clothes, shelter
- Potential loss of crops due to weakened ability to continue farming or potential loss of land in agricultural settings

Community costs with long-term impacts may include:

- Potential decline in available productive labor
- Migration and relocation of families from the community
- General weakening of informal coping capacity

Increased incidence of fostering may also have an impact on children in terms of human capital investment and access to health services. The interest or non-inter-

est of members of the household in the accommodation and well-being of orphaned children may have a long-term impact on the child as well as the household. For example, not being related to the head of the household may reduce foster children's access to social services, education, and health services.

A number of international organizations provide universally accepted economic statistics. The World Bank pub-

lishes poverty indicators and countrywide estimates for gross national product, gross domestic product, employment rates, and income in its annual *World Development Indicators*. In addition, such information may also be found in the United Nations Development Programme (UNDP) *Human Development Report*. The International Labour Organization (ILO) has a special group that focuses on the social and economic impacts of HIV/AIDS. Be sure to investigate data from economic sector ministries from individual countries that collect such data.

While quantitative indicators are helpful in describing your target population's economic environ-



Janice M. Tolj

Assessing the Economic Situation

Assessments of economic costs can help determine the nature of interventions, the extent of assistance provided, and the feasibility of sustaining programs and interventions. Make use of secondary data that describes your country's economic background to set the context of the average person's economic conditions and constraints.

Useful indicators to examine include:

- Employment rate
- Per capita income
- Gross domestic product
- Gross national product per capita and annual growth rate
- Population in absolute poverty, disaggregated

Economic Challenges and Coping Strategies Among Microfinance Clients

A study of HIV/AIDS and the economic crisis in Uganda and Kenya commissioned by MicroSave-Africa provides insights into the economic challenges faced by families affected by HIV/AIDS and the coping strategies they use in response. The study used qualitative research methods to carry out focus group discussions with 281 clients of microfinance institutions. The purpose of the study was to shed light on trends in economic coping mechanisms relied upon by microfinance clients. The study examined the nature of the economic impact of HIV/AIDS on clients; clients' economic strategies to cope with HIV/AIDS-related crises; the role of microfinance services in meeting clients' coping needs; and improvements to microfinance services that would strengthen clients' economic coping strategies.

The focus group participants defined five major and distinct financial pressure points within a household as AIDS progresses in a family member and the demands of providing care increase:

- **Early stages** – This occurs before caregivers and the person infected with HIV know his or her serostatus. The family is first called on for assistance. The first signs of AIDS appear and the family and person with HIV spare no expense in seeking a cure.
- **Frequent hospital visits** – Expenses occur as the person who has AIDS is in and out of the hospital.
- **Bedridden** – The family member with AIDS becomes bedridden, either at home or in the hospital. The caregiver assumes the financial burden for health and child care at the expense of time in his or her business.
- **Death** – After death, burial may be expensive.
- **Care for orphaned children** – The caregiver assumes responsibility for the children whose parent(s) have died, particularly responsibility for paying their education costs.

The economic degradation and burden reported by caregivers were not much different from those experienced by the person with AIDS. Once other options were exhausted, economic coping strategies to manage the impact of HIV/AIDS typically followed a sequence of liquidating savings and productive assets in order of 1) savings accumulated outside of the microfinance institution; 2) business income; 3) household assets; 4) productive assets; and 5) land.

The severity of the economic impact depended on the:

- Economic resources a client had when the crisis began to affect him or her
- Duration of a given crisis, how many crises occurred, and the timing in between them
- Relationship between caregiver and infected person (clients caring for a spouse and adult children were generally affected more than extended families)
- Quality and number of coping mechanisms available to client
- Networks (especially informal ones) the client belonged to and knowledge of the resources (both formal and informal) available to him or her

In both Kenya and Uganda, participants identified the following as helping to improve coping strategies:

- Access to microfinance to start, improve, or diversify their business activities
- Better money management skills and savings discipline
- More and better-organized informal support groups where members pool savings against future emergencies
- More readily available information for their communities about treatment for family members with AIDS, which enables caregivers to manage their family member's AIDS-related illnesses more rationally. This also aids in encouraging openness and reducing stigma and psychosocial burdens
- Increased reliance on informal support mechanisms such as rotating savings and credit associations and accumulating savings and credit associations

Source: Adapted from *HIV/AIDS: Responding to a Silent Economic Crisis Among Microfinance Clients in Kenya and Uganda*. Jill Donahue, Kamau Kabbucho, and Sylvia Osinde. MicroSave-Africa. 2001. Shelter Afrique Building, Mamlaka Road, P.O. Box 76436, Nairobi, Kenya. www.MicroSave-Africa.com.

ment, they do not tell the entire story. Qualitative methods such as individual interviews, focus group discussions, and observations will reveal the multiple effects vulnerable children are experiencing. Additionally, this process can publicize the networks that people living with HIV/AIDS and their extended families and children use to meet their daily needs. This is particularly important in understanding informal networks such as neighbors, community support groups, and others that people use in their coping strategies. The results of the economic assessment provide a good start for educating programmers and policymakers about innovative programs that provide households with a safety net to deal with the long-term effects of HIV/AIDS. The box on page 19 summarizes a study in Kenya and Uganda that examined economic household coping mechanisms when an adult member's health declines as a result of AIDS.

Social and Psychosocial Well-Being

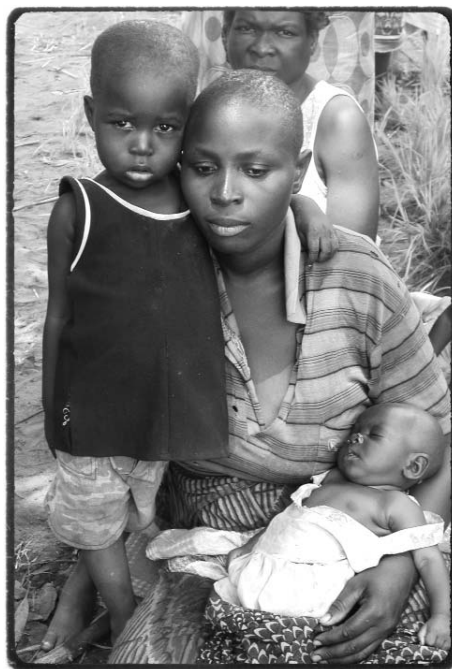
Public knowledge about HIV/AIDS and attitudes toward people living with HIV/AIDS can determine whether the community response to orphans is one of compassion and support or one of fear, stigmatization, and discrimination. In conducting the situation analysis you should keep in mind what the population knows about HIV/AIDS and the typical attitudes that people have toward people with HIV infection, AIDS, orphans, and other affected people or groups. Be mindful that cultural and religious beliefs play a large role in the collective community attitude structure.

You should also consider whether governmental and other influential leaders and institutions, especially religious bodies, have addressed HIV/AIDS and the need for a compassionate response in an open and constructive way. The example that government and other leaders in society set in this regard has a strong impact on the extent of support for or discrimination and stigmatization directed against people who have or are affected by AIDS, including orphans.

As individuals, children need proper food, clothing, adequate shelter, emotional support and guidance, health

care, and education to remain healthy and grow into productive members of society. Your situation analysis can indicate whether these needs are being met and help target future programming efforts to the most vulnerable children by assessing the:

- Extent to which children from HIV-affected households are excluded because of discrimination and stigmatization



Brenda Barton/WFP

- Attention given to children who are HIV-positive
- Impact of social and cultural factors on a child's well-being
- Psychosocial well-being of children

Stigmatization and discrimination.

The situation analysis needs to take into account sources and manifestations of discrimination and stigmatization directed against orphans and other vulnerable children. The immediate fostering situation may be one such source. After the deaths of parents, orphaned siblings may be separated and divided among several households in the extended family. They may then be discriminated against in these households by, for

example, being given more chores or less food than other household members or through verbal, physical, or sexual abuse.

Stigmatization may stem from community beliefs and attitudes about HIV/AIDS or beliefs and attitudes about orphans. Many children and families are stigmatized simply because the community knows a household member is HIV-positive. When a parent becomes ill with AIDS, the local community may shun the whole household, including the children.

Community attitudes toward orphans in general may contribute to stigmatization and discrimination. The terms “orphan” and “OVC” themselves may contribute to stigmatization, so be sure not to impose terminology that has negative connotations. Also, a perception that a specific group of children receives special benefits or privileges from development or assistance programs may cause resentment.

It is important for the situation analysis team to realize

that stigmatization and discrimination have origins deep within social structures and the norms and values that govern much of everyday life. They can encompass ingrained attitudes and behaviors that are difficult to change. They may be heightened by the general stigma surrounding AIDS and by the negative connotations associated with street life, dropping out of school, or taking part in high-risk activities. These connotations further reduce social support and intensify psychosocial distress.

Special attention to children who are HIV-positive. The number of children who are HIV-positive continues to escalate. Ninety percent of the world's 3 million children who have HIV infection live in sub-Saharan Africa.⁴ While most sub-Saharan African countries are scaling up prevention of mother-to-child transmission (PMTCT) programs, care for infected mothers and children has been neglected.

The causes of death in HIV-infected children include pneumonia, malaria, diarrhea, and meningitis. *Pneumocystis carinii* pneumonia (PCP) is the most common threat to the survival of HIV-positive children, and these children should be identified and provided with PCP prophylaxis. Unfortunately, most PMTCT services report very poor

postnatal follow-up rates for children in their programs, and most laboratories in developing countries cannot identify HIV-infected children less than 18 months of age because of the cost and complexity of DNA and polymerase chain reaction testing. Voluntary counseling and testing sites can identify infected children older than 18 months using standard ELISA or rapid results tests.

Your situation analysis should assess whether HIV-positive children and their caregivers are aware of and have access to services such as:

- Community-linked maternal and child health services
- Institutional and community mechanisms for follow-up and ongoing care
- Comprehensive health care packages for HIV-infected and affected mothers and children
- Therapies to reduce morbidity and mortality of HIV-infected children
- Information about why children need testing for HIV infection
- Education and counseling for older children, so they can improve and maintain their health and prevent sexual transmission of HIV infection as they become sexually active

⁴ Regional Workshop on Early Diagnosis and Care of HIV-Infected Children. Kampala, Uganda. April 1, 2003.

Lessons on Community Psychosocial Support for Orphans and Vulnerable Children from the STRIVE Project in Zimbabwe

The STRIVE Project, a support group in Zimbabwe supported by Catholic Relief Services and USAID, encourages communities to identify components of children's resilience, threats to their resilience, and family and community responses. Because "psychosocial needs and support" is an academic construct, the Project found that people did not fully understand the terminology, were not sure of the Project's purpose or their roles, and felt disconnected from the Project. The partners in the Project conducted workshops with parents and guardians, community leaders, teachers, nurses, and others to help community members reflect on the kinds of support children need. From this process, community members adopted words or phrases in their language that would be more culturally suitable to describe the concept of psychosocial support.

The Project partners engaged community members using the "dialogue of discovery" tool to ask such questions as:

- When you were growing up, what did the community do when a child lost one or both parents?
- What does the community do now?
- How can you improve on this?
- How do you recognize when there has been a positive change in a child's behavior?
- What causes children to misbehave?
- What makes children strong and able to handle difficult situations?

Source: Adapted from *Report on the Mid-Term of the STRIVE Project* (Annex 5, "Psychosocial Support – The Way Forward" by Dr. Jonathan Brakarsh). Catholic Relief Services/Zimbabwe and USAID/Zimbabwe. July 10, 2003.

Impact of sociocultural factors. The situation analysis must also take into account social, cultural, and religious factors that affect a community's knowledge and beliefs about HIV/AIDS. These factors can influence the community's response to affected children as much as factors related to the course of the epidemic, demographics, and economics. Culture-based explanations and beliefs about how illness in general and HIV/AIDS in particular are caused can affect whether these children receive help from their extended families, communities, or service providers. In many countries, traditional healers are very influential and the first line of response to illness. They can influence beliefs about illness and healing, behaviors that can prevent or spread HIV infection, the types of care given to people with AIDS and vulnerable children, and stigma and discrimination directed at people living with or affected by AIDS.

Acknowledging the roles of culture and religion in promoting security and survival can help promote an understanding of risk behavior and positive behavior change. Likewise, identifying the kinds of support extended family and other social networks may provide (and how these may be changing because of urbanization, poverty, HIV/AIDS, and other factors) can be very useful.

Household and family structures also affect vulnerability, coping, and caring capacity. Extended, nuclear, female-headed, and child-headed households each have different capacities for coping with parental illness, death, and care of surviving orphans. Coping responses are strongly influenced by the roles of women, men, and children within families, and these roles differ among ethnic, social, and religious groups. Gender takes on particular relevance in connection with HIV/AIDS, as in most affected societies women provide a disproportionate share of care for the sick and orphaned.

Psychosocial Well-being. In addition to their physical needs, children have critically important emotional, cognitive, social, developmental, and spiritual needs. Fulfillment of these needs is essential to positive human development, and the impacts of HIV/AIDS can impede this. These impacts may include social isolation, rejection, emotional stress from the suffering of a parent or family member, burdens and responsibilities of caring for an ill parent or raising younger siblings, and involuntary school dropout. In addition, some children are separated from their siblings or forced to live on their own after the death of their parents.

During and after parental illness and death, a child experiences fear, anger, and grief. A child's fear of the

Regional Psychosocial Support Initiative

The Regional Psychosocial Support Initiative (REPSSI) is a regional network of professionals and partnerships working with child-related psychosocial issues in sub-Saharan Africa. The following groups participate:

Lead agencies

- Salvation Army Africa Regional Team
- Terre des Hommes
- Southern Africa AIDS Training Program
- International HIV/AIDS Alliance

Program advisory partner committee

- UNAIDS Inter-country team (Pretoria)
- UNICEF (Eastern and Southern Africa)
- UNESCO (Regional AIDS Program)
- Southern Africa Development Community (SADC) (HIV/AIDS Human and Social Development Cluster Program)
- SADC Gender Program Unit
- WHO/AFRO (Mental Health and HIV/AIDS)
- Swiss Dental Center
- Swedish International Development Co-operation Agency
- Novartis

Key operational programs

- Masiye Camp (Salvation Army)
- Humuliza (Terres des Hommes)
- Kitovu Orphans and Vulnerable Children Program
- Sinoziso
- SCOPE/Orphans and Vulnerable Children Program, Zambia

Scaled-up programs

- Nelson Mandela Children's Fund
- Catholic AIDS Action, Namibia
- COPE, Malawi
- 30 other partners in southern Africa

Technical support partners

- University of Natal
- University of Zimbabwe
- University of Cape Town

More information is available from REPSSI at info@repssi.org and www.repssi.org.

unknown may be compounded if adults do not share the truth about their illness and impending death. These emotions are too often overlooked. The psychological difficulties they create are less tangible than the material problems children suffer. Though these difficulties are a frequent concern of staff, programs in developing countries have only recently begun to address them in

struggling to respond to the many needs posed by HIV/AIDS. A compact disk on psychosocial support resources for children affected by HIV/AIDS is available from the Regional Psychosocial Support Initiative in Bulawayo, Zimbabwe (info@repssi.org and <http://www.repssi.org/>). The Initiative also provides technical advice.

Your situation analysis can identify children with special psychological needs and describe supportive coping strategies in current use. “Memory books” may be one strategy for creating openness between parents and children about a parent's illness, reducing a child's fear of the unknown, and maintaining the child's sense of family identity and belonging. In some countries, memory books list property inheritance, relatives, and documentation that can prove a child's legal rights to inheritance. Visits to extended family members while a sick parent is still alive can also be part of a coping strategy. Such visits can strengthen family connections that are a potential source of support after a parent has died. They can also give children an opportunity to express a preference about where and with whom they will live after the parent's death.

Your situation analysis may also identify community organizations that offer psychosocial assistance and attempt to assess the coverage and quality of psychosocial interventions. Information may be collected by surveying support organizations or caregivers and children themselves.

Following are useful questions to consider in gathering information about the psychosocial needs of children:

- Do the children have support from relatives, neighbors, health workers, teachers, religious groups, or other community members?
- Do children in this community generally have the opportunity to discuss a parent's death with an understanding adult?
- Do children have an opportunity to discuss where they will live after their parents die?
- Do children have an opportunity to discuss how they will be cared for?
- Do children have an opportunity to discuss if or where they will go to school after their parents die?
- Do children have an opportunity to discuss land, property, and money inheritance, and other legal and financial arrangements?

- Are there organizations that provide life skills training, family counseling, home-based counseling, child sex abuse workshops, parenting workshops, bereavement counseling, and counseling in schools?

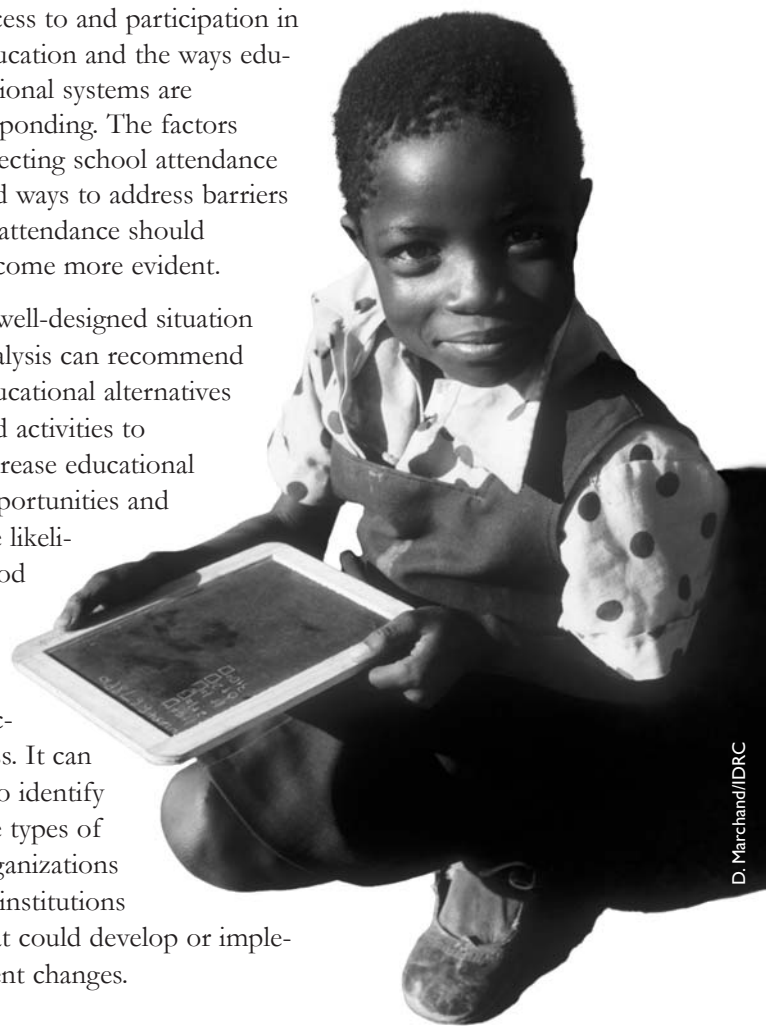
Education

Access to education is a fundamental right of all children. In addition to developing essential knowledge and skills, school attendance is vitally important for children's social integration and sense of support. It is important that children have access to quality schooling at a young age to reap the long-term rewards of education. For young children, education provides intellectual stimulation and increased potential for future vocational or academic success. School is also a place where children can learn how to protect themselves from HIV/AIDS. In the long run, education levels are associated with access to economic opportunities and security.

The extent to which HIV/AIDS affects the supply of and demand for education will vary by country, community, and vulnerable population. Your analysis should capture challenges facing children's access to and participation in education and the ways educational systems are responding. The factors affecting school attendance and ways to address barriers to attendance should become more evident.

A well-designed situation analysis can recommend educational alternatives and activities to increase educational opportunities and the likelihood of

success. It can also identify the types of organizations or institutions that could develop or implement changes.



D. Marchand/IDRC

Kelly⁵ and Hepburn⁶ highlight obstacles to schooling in areas affected by HIV/AIDS that could serve as a framework for organizing, analyzing, and presenting the education situation in your analysis. The issues they address include:

- Availability of affordable schooling
- Family responsibilities
- Value of education
- Education quality
- Psychosocial and health concerns
- Fear of HIV infection through sexual exploitation

Affordable schooling. In AIDS-affected households, illness care and lost wages often lead to economic hardship. Household expenses, such as school fees and supplies, become increasingly difficult to meet, and chil-

dren often drop out of school or never enroll. For many students, more affordable alternatives to their current schooling do not exist.

The educational analysis should include a description of current laws and policies governing school fees and related costs (for all children, not just those made vulnerable by HIV/AIDS) at the national and local levels. National laws that prohibit all forms of discrimination are important to highlight. Local policy barriers that may add to the cost of schooling, such as a dress code requirement, should also be explored. The authors of the Uganda orphan situation analysis reported that

⁵ Kelly, M.J. 2000. *Planning for Education in the Context of HIV/AIDS*. Paris: UNESCO International Institute for Education Planning.

⁶ Hepburn, A. 2001. "Primary Education in Eastern and Southern Africa. Increasing Access for Orphans and Vulnerable Children in AIDS-affected Regions." Duke University, Terry Sanford Institute of Public Policy.

Using Existing Data to Assess Orphan Education in Uganda

Rice's 1996 analysis of orphans and education in Uganda* provides a good example of using existing data to study an issue. Instead of designing and administering a data collection protocol on orphan status and schooling, Rice's analysis used data collected by WATOTO (an orphan-focused NGO) for other purposes. WATOTO had previously collected data on orphan status and school enrollment as part of a program to provide school fees for orphans. In order to become eligible for WATOTO assistance, each child was required to register with the NGO and provide information on gender, age, parental living status, current year in school, living arrangement, number of siblings, whether all siblings were living together, and district of permanent residence.

Because the data were originally collected for purposes other than Rice's and by an outside source, Rice took care to assess and acknowledge data quality. In this case, Rice noted that some data could be intentionally or unintentionally unreliable. The persons filling out the application for the child may have intentionally made it appear the child was a priority case. Errors may have been introduced unintentionally, as children and guardians may not have known a student's exact age. The pool of applicants may not have been representative of all orphans and their guardians. Because this WATOTO program focused on educational benefits, the applicant pool may have been skewed toward orphans whose parents or guardians valued education highly, wanted to maintain a child's current enrollment, or had removed a child from school to work for additional family income.

Despite these possible data limitations, the WATOTO program registration data provided a basis for assessing the country's orphan education issues. The analysis found that of the nearly 1,000 applicants, three-quarters were between the ages of 5 and 10, one-quarter had lost both parents, and 60% had lost their father only. About 20% of children were at least three years behind in school grade relative to their age; 63% of girls and 56% of boys were at least one year behind. Applicants who had lost both parents were more likely than those who were living with both parents to be behind in school grade for their age. Orphans living with their father were also more likely to be behind in school grade for age (2.7 years) compared with those living with both parents (less than one year). Children living apart from their siblings were also more likely to be behind in grade level for their age (1.4 years) compared with those living with their siblings (1.2 years).

* Rice, D. 1996. "The Impact of HIV/AIDS on Primary Education in Uganda." Dissertation for MA in Education and International Development. Institute of Education, University of London, U.K.

Source: Adapted from Carr-Hill, R., K. Joviter Katabaro, A. Ruhwega Katahoire, and D. Oulai. 2002. *The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education*. Paris: UNESCO International Institute for Educational Planning.

the country's universal primary education policy allows for free primary school education for up to four children per household. They were unable to determine the impact of this policy on extended families taking care of orphaned relatives and foster families, however.

Identifying affordable educational options and alternatives (including scholarship possibilities), responsible ministries, and educational organizations will help you identify impacts and responses and determine what is achievable.

Family responsibilities. Students, teachers, and school administrators are often forced to take on greater responsibilities for home care for sick family members and children in the household. Children may be called on to take jobs to help support the family. For students, this can lead to school absenteeism and withdrawal. Educators and administrators may also be frequently absent from work or leave their jobs altogether. Your situation analysis should consider both the quantitative and qualitative effects of these changing family responsibilities on education from the standpoint of both students and education providers.

Value of education. In the short term, the education of children may assume a lower priority in AIDS-affected households as various illness care, child care, and household and economic needs are addressed. Parents and guardians of school-aged children – no matter their degree of vulnerability – have opinions about childhood education. These opinions often express the value they place on education in the lives of their children and provide information on household coping mechanisms. Gathering the thoughts and concerns of parents about educational opportunities for their children can help develop recommendations for future educational policies and programs. It is helpful to determine the concerns parents and other household members have about sending children to school and how they address problems such as school fees, supply and uniform costs, distance between home and school, gender issues, returns on educational investment, quality of education, and the condition of school facilities.

Your analysis should review policies that might discriminate against children affected by AIDS, such as parental consent for school registration, residency requirements, or mandatory school attendance. Local interviews or discussions with children and family members can identify these and other barriers to school enrollment and educational attainment.

Educational quality. The education sector itself is impacted by HIV/AIDS and this ultimately affects the quality of education available to all children. Diminishing educational quality in turn affects the demand for schooling on the part of families threatened by HIV/AIDS and child and orphan care issues. Schools must also deal with the illness, absenteeism, and deaths of teachers and administrators who have AIDS or who

Education Indicators

Your analysis of the educational situation will include a variety of quantitative and qualitative indicators. It is important to include national-level indicators developed at international forums such as the 2001 U.N. General Assembly Special Session (UNGASS) and the April 2003 UNAIDS/UNICEF-sponsored meeting for developing orphan and vulnerable children indicators, as well as Millennium Development Goal (MDG) indicators. Because data collected for a situation analysis feed into monitoring and evaluation activities, it is important to identify indicators that can be assessed regularly. Quantitative indicators you may consider relevant to your needs include:

- Population of school-aged children
- Primary and secondary school gross enrollment rates
- Gender parity index for enrollment
- Orphan school attendance ratio*
- Orphan school completion ratio**
- Education costs (tuition, supplies, boarding)
- Dropout rates
- Completion rates
- Grade repetition rates
- Numbers and percentages of trained teachers

* Orphan school attendance ratio – the ratio of orphaned children ages 10 to 14 in a household survey attending school to non-orphaned children the same age attending school – was developed at UNGASS and is an MDG indicator as well.

** Orphan school completion ratio – ratio of orphans and vulnerable children ages 13 to 17 in a household survey who completed primary school to non-orphans and vulnerable children of the same age who completed primary school – was proposed as an indicator at the UNAIDS/UNICEF meeting.

have family members sick with AIDS. HIV/AIDS affects the long-term availability of educational professionals as well.

Identifying the current impact of HIV/AIDS on human resources in the education sector will help you develop estimates for teacher training needs and plans for future teacher placement. Recommendations for program alternatives to improve the quality of education should incorporate information you have gleaned from schools in areas heavily affected by HIV/AIDS and their successful coping strategies. Your analysis might also identify models for mobilizing support for teachers of HIV-positive children.

Personnel and labor records are sources of information on teacher availability, absenteeism, and retirement. Educational professionals themselves are good sources for information on children and education and on how to mitigate the impacts of HIV/AIDS on young people's education and the educational system.

Psychosocial and health concerns. The trauma and grief associated with losing a close family member can be very stressful to children. They may lose interest in school if they are emotionally unable to focus on their studies or feel they will be discriminated against at school because their household is affected by HIV/AIDS. The circumstances of orphans can be further complicated by the dislocation of moving to a relative's home, separation from siblings, placement in an institution, or abandonment to the street. As a result of these interrelated factors, children may not enroll in school at all, delay school entry until a later age, attend inconsistently, change schools often, repeat grades, or drop out of school altogether. Those who manage to remain in school may not have the success they once had because of poor emotional or physical health. Children in poor health have problems concentrating and learning in school.

Ministries of education, NGOs that focus on education or related areas, and faith-based organizations are good sources for identifying the variety and availability of programs assisting children with education access, enrollment, quality schooling, or psychosocial support for learning within the classroom or in the community. In many areas, local social welfare committees or traditional bodies have organized programs to help children with their education or to advocate on their behalf. Information on what services they cover and what educational needs they perceive as unmet can help develop education program priorities. Current activities and resources may include public or private programs that

integrate education with other sectors to influence attendance and maximize learning potential. These include visiting nurse programs at schools, other health programs, food and nutrition security programs, and other socioeconomic and psychosocial support programs.

Sexual violence and exploitation. The risks associated with sexual exploitation of students by teachers are heightened in the era of HIV/AIDS. Forced sex, whether with an adult or peer, is unfortunately a not uncommon occurrence for schoolgirls. Families are reluctant to send their daughters to school if they cannot be sure of their safety. In general, girls have lower school enrollment and completion rates than boys and are exceptionally vulnerable to drop out if their families are affected by HIV/AIDS. Understanding the laws and policies addressing sexual violence and exploitative relationships between teachers and students can help you develop recommendations for initiatives to enforce existing policies and reduce the future incidence of sexual violence and exploitation.

Laws and Policies

Many countries have developed national policies to protect children's welfare. In addition, international declarations advocate for the establishment of safeguards for children around the world. Deprived of the protection of their families and communities, orphans must depend on governments to safeguard their welfare, rights, and entitlements. Governments have a responsibility – and the ability through laws, policies, and action – to establish a framework that supports the coping capacities of individuals and families. An assessment of the existing legal and policy framework is a critical necessity. If these safeguards do not exist, the situation analysis should recommend steps toward that process.

To provide essential protections, key elements in the development of a legal and policy framework include:

- Prohibition of discrimination (based on actual or presumed serostatus) in health care, schools, employment, and other areas
- Placement and guardianship for children who lack adequate adult care
- Enactment and enforcement of laws ensuring women the right to own property
- Protection of the inheritance rights of orphans and widows
- Protection of children from abuse, neglect, and sexual contact with adults

**Excerpt From the UNGASS
Declaration of Commitment on
HIV/AIDS, Paragraphs 65-67,
“Children Orphaned and Affected by
HIV/AIDS Need Special Assistance”**

June 25-27, 2001, New York

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa

Source: http://www.unaids.org/html/pub/publications/irc-pub03/aidsdeclaration_en_pdf.htm

- Prohibition of harmful child labor
- Elimination of barriers preventing orphaned children from continuing their education
- Protection and support for street children

A situation analysis is an important initial step if a government wants to provide an enabling environment, ensure coordination, and provide resources to guarantee human rights. The situation analysis needs to assess current legal and policy frameworks that exist for orphans and also existing methods for monitoring and reporting infractions of such policies and laws. It needs to look at how current frameworks are implemented and identify gaps that leave orphans with little or no legal recourse to protect their entitlements, welfare, and rights. A description of laws and policies protecting orphans and vulnerable children in Uganda is provided in the box on the following page.

Law and Policies: The Uganda Experience

To address the issues outlined in the Convention on the Rights of the Child (CRC), Uganda created the Uganda National Program of Actions for Children (UNPAC) in 1992 and 1993. UNPAC's main objectives included protecting women and children, ensuring children are not abused or neglected, and establishing survival and development goals related to children and women by improving key indicators of infant and child mortality, access to primary health care services, water and sanitation, and primary education. One of the main strategies UNPAC used to achieve its goals was decentralization, which ensured local government involvement and emphasis on community-based care. In addition to setting national goals for children and women, UNPAC provided a framework for legal reform to ensure better conditions for them (NCC, UNICEF 2001).

The Uganda Children Statute, formulated and ratified in 1996, provides a comprehensive legal instrument to address the rights of children and the obligations of children to society. To make UNPAC operational and ensure implementation of the Children Statute, the government established the National Council for Children (NCC) on an interim basis in 1993 and permanently by statute in 1996. This body has been crucial in upholding laws and guidelines pertaining to the rights and protection of children and orphans.

In addition to creating laws and policies to protect the most vulnerable members of society, government sectors in Uganda have begun taking steps to ensure the enforcement of these laws. The Administrator General's Office in the Ministry of Justice and Constitution oversees the concerns of widows and children and ensures flexibility in the legal system for defending their inheritance and property rights.

The Association of Uganda Women Lawyers, a voluntary NGO, was established to help women and children, especially widows and orphans, obtain effective protection under the law. Likewise, public welfare assistants have been appointed at the district and community levels to promote and supervise implementation of the Children Statute. In keeping with recommendations of the CRC, the Uganda government has revitalized the birth and death registry, recording a name for and the parentage of every child. These are essential for protecting children and preserving their identity.

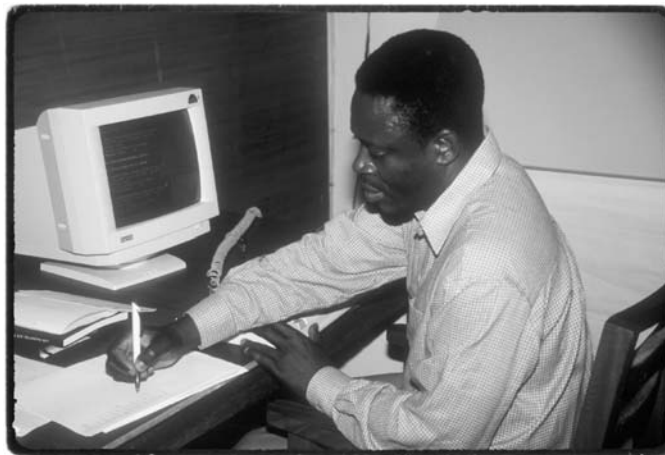
To strengthen district administration and NGOs focusing on children, the government established a Family Protection Unit in the Uganda police force, social welfare public assistants, and the Secretary for Children's Affairs. In addition, Uganda measures adherence to the Children Statute by monitoring implementation, coordination, communication, advocacy, and resource mobilization for child rights at the national, district, and community levels.

Analyzing Gathered Information

The initial stages of a situation analysis result in the compilation of a great deal of quantitative and qualitative information. However, simply gathering and presenting information is not particularly useful. It is necessary to sift through and organize the most significant and meaningful information and to draw from it issues and priorities for action. Once you have gathered all of your necessary data and information to describe the vulnerability of children in your country, you must organize it in a manner in which it can be analyzed. A realistic timeframe for organizing collected information, data entry, and data analysis should have been included in your situation analysis plan from the onset. You may have collaborated with a variety of people and organizations to collect the data.

Investigators may hire members of the information collection team to assist with data analysis, which allows for a certain familiarity with the data and whatever computer software is selected for analysis. It is important to maintain the integrity of the data by ensuring that all involved parties are absolutely clear on who is doing what and that all definitions and methodologies are agreed upon.

Analysis requires triangulation, which means using multiple types or sources of information to confirm a conclusion, pattern, or trend. Part of the process of gathering information must include sharing findings and conclusions with key sources and communities where research has been conducted. This is not only appropriate and respectful, it is important to confirming initial conclusions and testing assumptions. In your search for information, you will find that other groups of people have performed analyses with similar methodologies to yours. While there may be slight differences in location, the foundations of the analyses, on which their critical assumptions and methodologies are based, are similar enough to make comparisons. This provides reliability and validity to your analysis and therefore your findings.



D. Mowbray/IDRC

Data Management and Analysis (Quantitative and Qualitative)

The data and information you collect may be overwhelming in quantity. Keep in mind that not every indicator or piece of information listed in the initial situation analysis plan will be used. Instead, you will most likely select the set of indicators you feel most

important for your purposes and report only on those. Information and data may need to be reorganized in a format that better addresses the needs of your situation analysis. Statistical information may need to be further analyzed in order for you to draw relevant conclusions that speak to various conditions or trends.

Develop an analysis plan that arranges the information collected into the

content you selected to initially study. Organize key findings into categories that are meaningful to the intended audience. Examples include:

- Risks and threats
- Protective factors
- Resources, capacities, and services
- Laws and policies
- Economic issues
- Social and psychosocial issues
- Education issues

This list is merely an example – your content headings will vary, depending on the topics you chose to investigate.

Some of the indicators you collect will be straightforward while others will require substantial calculation. Your analysis plan should include a description of the methodologies used to calculate the indicators and detailed notes. It is important to document your analysis in a manner that others will be able to follow and

replicate if necessary. Clearly record the sources of information (not just document titles but also where documents were obtained) and describe how the information was processed. This also helps improve reliability and accuracy of the data.

Depending on the quantitative and qualitative methods and instruments used, data should be entered into a computer, cleaned, and recoded in preparation for the analysis. If questionnaires were used, they should be gathered and ordered based on your selected criteria. The staff you select to do this should already have statistical research and computer skills.

Not all of the information collected will be quantitative in nature. For example, the information about programmatic or policy responses is highly significant and useful to attaining your goals, but it may not be amenable to statistical analysis. Nonetheless, it will need to be organized and analyzed for common themes and their relative positive or detrimental effects on children. This information needs to be conveyed in an unambiguous and concise manner.

Participatory methods can be used to enable those involved to turn data into meaningful information for planning and action. Examples include the “visualization in participatory programmes” (VIPP) methods developed by UNICEF (*A Manual for Facilitators and Trainers Involved in Participatory Group Events*, UNICEF Bangladesh, 1993), various “participatory rapid appraisal” (PRA) or “participatory learning and action” (PLA) tools, and methods such as Venn diagrams, mapping, flow diagrams, seasonality analysis, and “strengths, weaknesses, opportunities, and threats” (SWOT) analysis.

Organizing data in tables and charts that convey your main points helps both with analysis and with the eventual presentation of findings. An abundance of detailed, highly specialized calculations will confuse readers. You want to present overall descriptive data such as percentages, means, and ratios. Although many calculations may have been used to reach a final statistic, the details of these calculations should be presented in an annex and not in the main body of your report.

Interpreting Results

After your analysis has made clear the nature, magnitude, and situation of the orphan and vulnerable children population, you must interpret your results. Hopefully, you will be able to make inferences about children's vulnerability based on what your analysis has revealed. This will require input from all the stakeholders to yield an aggregate group hypothesis about the situation and recommendations for improving it. You may want to map key findings in your target area to provide a visual description of the results. This exercise will help identify key problems, reveal hidden strategies that have a positive effect but are underutilized, and direct researchers and stakeholders to gaps in coverage, programs, or information on the situation. Remember, you are not trying to reinvent the wheel. This is the time where you will use your data and information to better understand how existing responses and coping strategies are working and how to reinforce them, improve them, or recommend new options.

The situation analysis report must be meaningful to a wide audience of policymakers and practitioners. Do not expect statistics to speak for themselves. They must be interpreted in the accompanying narrative. Comparisons are useful. Write the report for an audience that includes people who do not have backgrounds in health or academia.



Reporting and Communicating Findings

Your situation analysis will collect a great deal of data and other important information on orphans and vulnerable children. The overall success of the situation analysis will depend, however, on how these findings are reported, communicated, and acted upon. During the planning stages, the overall purpose and goals of the analysis were decided, with the target audience in mind. Audiences are likely to include technical child health and welfare experts, policy- and decisionmakers from public and private agencies, opinion leaders, and program planners. Understanding the needs of the audiences that will benefit from information collected during the analysis will help in developing strategies and products for:

- Describing and interpreting findings
- Developing recommendations based on the findings
- Disseminating findings and recommendations
- Following up with key decisionmakers and opinion leaders

The most common product of a situation analysis is a formal report. When preparing the report, remember to be concise. Include enough information to establish the report's credibility with the audience. The report should have an executive summary highlighting major points. It is likely that many readers will read only the executive summary and recommendations. Avoid detailed description of methods. Information that will be of interest only to some readers or technical experts, such as research methodologies used in the analysis, should be described and explained in more detail in an annex or supplement to the report. Tables, figures, graphs, and maps can be used to complement and simplify the situation analysis findings. They also are very helpful in emphasizing main points and illustrating relationships.

Make sure that pictures or highlighted quotes, which may be handled by publishing specialists who are not members of the situation analysis team, reinforce key points related to your findings. When using quotes or photos, take care that they are relevant to the point you are trying to make. Quotes or pictures that suggest a hopeless situation can undermine a report emphasizing the importance of strengthening community capacity.

Other possible communication products include presentations, fact sheets, and pamphlets summarizing findings and recommendations. In addition, activities such as advocacy or education campaigns, proposals for funding,

and media events are often developed around messages surfacing from report findings and recommendations. Products or activities should be directed to specific audiences and be easy to read and understand. Different products and messages may need to be developed and tailored as needed. Prioritizing audiences and the products to reach them will help you decide how to effectively spend communication and information dissemination funds.

Describing and Interpreting Findings

It is important to organize your situation analysis' findings and interpretations in a concise and easy-to-understand manner. It is often helpful to organize results into key challenges identified, why they are significant, and suggestions for action to address them. These challenges could be categorized by geographic region, subpopulation group, or other priority areas of concern. When describing and interpreting the results, remember to include estimates of the magnitude and severity of these challenges and give a balanced prediction of the consequences if no outside action is taken. Take into account both the seriousness of these consequences and the prospects for making an impact on these key problems.

For each challenge, address such elements as:

- Causes
- Estimated number and proportion of children and families affected
- Relevant coping strategies identified
- Contextual factors that significantly affect (positively or negatively) problems and how people cope
- Adequacy and effectiveness of current programs or other interventions
- Opportunities for making a significant impact

For the most serious challenges, identify potential types of action, which may involve:

- Prevention (to block factors causing problems)
- Mitigation (to change the factors influencing problems and make coping easier for those affected)
- Capacity building (to strengthen family and community capacity to deal with problems)
- Relief (to provide direct assistance to affected individuals and families to meet urgent needs)

Actions might include laws, policies, social mobilization, training, economic measures, direct services, or other activities. To provide a basis for deciding what actions to recommend, consider the estimated costs and the anticipated impact and results, geographic areas affected, and numbers of people affected. Once this is done, develop an overview of current programs and policy action.

Draw attention to laws or policies that have beneficial or detrimental effects, identify programs addressing problems at the community and family levels, and give some indication of their coverage in relation to the identified problem. Mapping tools and other graphics can be useful for visually presenting these findings in your report. Finally, highlight any particularly effective initiatives that could be expanded to achieve a broader impact.

When interpreting findings and developing recommendations, give particular attention to the following questions:

- What impacts can an intervention be expected to have at the child and household levels?
- Can a particular approach or intervention be implemented (considering both potential availability of resources over time and technical feasibility) on a scale sufficient to improve the situation of a substantial portion of the most vulnerable children and households in the country?
- Which approaches or interventions will produce long-term improvements for vulnerable children and households, either by being sustained over time or by producing ongoing socioeconomic benefits?

Preparing Recommendations

The results and interpretations presented in the body of a report do not necessarily speak for themselves. To make results and their significance clear to the intended audience, recommendations for action and their implications must be spelled out clearly. It is a good idea to summarize the key recommendations affecting programs and policy in a single chapter or section of the report in order to make them readily identifiable to readers.

Policymakers and representatives of key government agencies and organizations should be involved in a

discussion of the findings and in developing recommendations in a manner that generates a sense of ownership and commitment to implementing them. The actions the recommendations call for should be feasible and set in a realistic context. Broad statements of unrealistic actions that “should” be done can weaken the commitment to act on recommendations. The recommendations should specify which stakeholder(s) should be responsible for

each action proposed. They should address action needed regarding programmatic interventions, advocacy, and policy changes. For example, recommendations may specify strategies for action, call for priority attention to certain geographic areas, and recommend potentially cost-effective interventions.

It is important to mentally step back from the details of the data collected and look at the general situation and what needs to be done. Look at the recommendations as a whole to identify related issues that could be addressed through a particular action. This can help identify broad priorities for action. Some questions to consider include:

- What is most important?
- What actions are necessary preconditions for others?
- In what ways are potential solutions to problems interrelated?
- Can priorities be established among the recommendations?
- Is there a body with clear responsibility to address policy issues related to the vulnerability of children?
- Is the current level of information exchange about needs and services adequate?
- How can collaborative action be increased?
- What can be done to increase the likelihood that available resources will be used in keeping with the recommendations?
- How can ongoing monitoring of the impacts of HIV/AIDS on children and families be carried out?



D. Marchand/IDRC

Disseminating Findings and Recommendations

Develop a plan for disseminating the results, key messages, and recommendations. Prioritize key audiences you wish to reach and consider separate products, events, and communication strategies that will capture their attention and motivate them to implement report recommendations. Disseminating the report findings in a variety of ways can increase the visibility of problems and help lay the groundwork for positive actions by:

- Generating discussions of how to interpret and use the situation analysis findings
- Encouraging ministries and organizations to define their roles
- Identifying potential human and financial resources
- Drawing attention to the need for ongoing coordination and information sharing
- Promoting support for a strategy to strengthen the capacity of affected children, families, and communities
- Promoting support for specific recommendations

Large public venues and small discussions with key decisionmakers are both effective settings for disseminating the report. Ask the network of experts, professional groups, and community organizations interested in child vulnerability to assist with dissemination activities. Activities should go beyond mailing reports to key political leaders, senior government officials, and other key actors. Consider presenting the findings and recommendations at a national conference with subjects that can be linked to child welfare issues. A press conference may also be appropriate. Public events can stimulate media attention to the issue of child vulnerability and help educate the public. Send copies of the situation analysis report to key partners and officials, or arrange briefings for them in advance of the official release, to focus their attention on child vulnerability issues and the soon-to-be-released report. Tailoring your messages and activities to specific audiences will increase the likelihood for policy or program impact and behavior change. Share copies of the report and organize special presentations for key informants and communities where research took place.

Following Up

Once the analysis is complete and initial dissemination activities have ended, it remains important to follow up to ensure that your messages maintain their momentum

and that policy- and decisionmakers follow through with agreements or other commitments. Staying in touch with opinion leaders and persons in the network will also keep key messages and recommendations active.

Establishing a Monitoring System

Situation analysis provides a snapshot of conditions and projects. A situation analysis should recommend how to establish an ongoing monitoring system to update this picture periodically. In the process of conducting your situation analysis, you will have identified key data and how it can be obtained. Review the information collected to determine what was most useful and how it could be gathered on a regular basis to show change over time. A good monitoring system will track the epidemic's evolution, new responses, and other significant developments.

Your monitoring efforts serve as a guide to the timing and content of subsequent situation analyses. Within your monitoring system, you should incorporate a periodic review of the information regularly collected. Certain indicator statistics can be compiled and distributed periodically to policymakers and service providers to maintain momentum or improve services. The review will also allow you to compare the initial situation analysis findings with updated information. Depending upon your goals and indicator targets, you will decide whether the degree of change is significant enough to warrant reassessment of the orphan and vulnerable children situation.

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Appendix I: Orphan and Vulnerable Children Resources

Prior to conducting a situation analysis or collecting any primary data, you should draw upon existing and available relevant information. It is not always possible or necessary to collect primary data for a situation analysis. Developing, administering, and calculating results from a survey may require technical expertise and can be time-consuming and expensive. Other international institutions, research organizations, or community organizations may have previously researched the situation and its context in the nation or locality of interest, making new efforts unnecessary.

Deciding what type of data and information you would like to include in the situation analysis and identifying which groups may have this information can save time and money. The following is a list of key international resources and the types of data they contain. Most provide internationally comparable data, i.e., data that are collected and analyzed in a similar manner for each country. It is not an exhaustive list but is a good starting point for locating basic demographic, health, economic, policy, and education data. The documents on the list are usually readily available from the organization and on its Web site. At the national level, a few resources authored by international or donor-supported groups are also available on the Internet. Other national and local resources are often unpublished or not widely distributed, but they may be available from the groups who conducted the survey or analysis. A strong network of national-level colleagues will be an invaluable source for locating these documents.

International AIDS Economic Network

The International AIDS Economic Network (IAEN) provides data, tools, and analysis on the economics of HIV/AIDS prevention and treatment in developing countries to help countries devise cost-effective responses to the global epidemic. The Network links researchers, program developers, and policymakers through HIV/AIDS economic library resources, information on meetings and conferences, professional directories, and online question postings. Resources available online at <http://www.iaen.org>.

International HIV/AIDS Alliance

HIV/AIDS NGO/CBO Support Toolkit: This toolkit provides a variety of HIV/AIDS-related resources, including those related to orphans and vulnerable children, for use in developing, improving, managing, and scaling up programs. The toolkit includes informational reports and situation analyses; training manuals and tools to develop strategic plans or advocacy activities; example reporting and contract forms; and Web site links to helpful resources. Interactive Web site available at <http://www.aidsalliance.org/ngosupport/>. Toolkit also available by request on CD-rom.

International Labor Organization (ILO)

The ILO Programme on HIV/AIDS and the World of Work: This online resource provides information and links to reports and statistics to better understand the social and economic impacts of HIV/AIDS, including those of orphans and vulnerable children. The Web site includes a list of HIV/AIDS laws and policies by country. Collection of resources available at: <http://www.ilo.org/public/english/protection/trav/aids/>.

MEASURE DHS+/ORC-Macro

Demographic and Health Surveys (DHS) STAT Compiler: The online STAT compiler database contains data from country-level DHS reports. The database is updated as new surveys are published. Indicators include household size, number of children under age 5 living in the household, region of residence, and whether the household is in a rural or urban area. DHS also includes information on whether identified children have a living parent or not and the relationship between the head of household and identified children.

HIV-STAT Compiler: The HIV-STAT Compiler includes standardized HIV/AIDS indicators derived from the UNAIDS *National AIDS Programmes: Guide to Monitoring and Evaluation*, including indicators to monitor the goals set

at the UN General Assembly Special Session on HIV/AIDS and the Millennium Development Goals. Online databases available at: <http://www.measuredhs.com>.

MicroSave-Africa

MicroSave-Africa promotes the development of savings and other client-responsive financial services among micro-finance institutions (MFIs). MicroSave-Africa has conducted many studies and developed participatory rapid appraisal (PRA) tools that delve into community economic perspectives from people who are MFI clients or potential clients. The PRA tools focus on economic-coping mechanisms in times of crisis and help people build on existing mechanisms to prepare for a crisis in advance. Microenterprise development plays a role in helping a household avoid the most detrimental coping strategies during a crisis such as HIV/AIDS. There are many materials related to microfinance and HIV/AIDS. Studies, tools, and other materials available at: <http://www.microsave-africa.com>.

POLICY Project/Futures Group

The POLICY Project strengthens political and popular support for reproductive health, HIV/AIDS, and maternal health policies and programs. The Project produces a variety of reports and assessments on HIV/AIDS policies in developing countries where it works. The report *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead* analyzes current orphan and vulnerable children policy responses and provides a framework for future dialogue and action. Report and other POLICY publications available at: <http://www.policyproject.com>.

Regional Psychosocial Support Initiative (REPPSI)

REPPSI is a psychosocial support technical resource network consisting of professionals and over 30 partner organizations. The network produces and disseminates a wide variety of materials related to psychosocial support for orphans and vulnerable children, including articles, essays, audio and video clips, conference presentations, books, monitoring and evaluation tools, and media packs. An online database of these materials is forthcoming. REPPSI's Web site also contains an online discussion forum to share, learn, and discuss ideas about psychosocial support. Online resources available at: <http://www.repssi.org>.

Save the Children

Save the Children US and UK administer social welfare and psychosocial support programs for children affected by HIV/AIDS. The organizations have produced and made available on their Web sites a variety of descriptions, assessments, survey results, and evaluations of their programs. Topics of these child vulnerability-focused papers include war and conflict, the role of the private sector, stigma, child labor, and the impact of AIDS on urban poor children. Publications available at: <http://www.savethechildren.org> and <http://www.oneworld.org/scf>.

UNAIDS

Report on the Global HIV/AIDS Epidemic: This semiannual publication provides national and regional data and analysis on HIV/AIDS. Indicators include number of adults, adolescents, children, and special populations living with HIV/AIDS; number of orphans; number of HIV/AIDS deaths; and HIV/AIDS-related knowledge and behaviors. Online version of the report and data tables (plus various other orphan and vulnerable children-specific reports, speeches, and brochures focusing on global, regional, national, and sub-national levels) available at: <http://www.unaids.org>.

UNESCO

Global Education Digest: This annual publication provides regional and national education statistics for all developed and developing countries. Indicators include gross enrollment ratios, dropout rates, repetition rates, number of teachers, pupil-teacher ratios, and public education expenditures. Reports and online database available at: <http://www.unesco.org>.

HIV/AIDS Impact on Education Clearinghouse: This interactive Web site is a one-stop shop for information on the impact of HIV/AIDS on education. It is also an important resource for a variety of related documents, situation analyses, assessments, discussion forums, and professional contacts. A list of education interventions, upcoming conferences and meetings, workshop reports, monitoring and evaluation documents, and HIV/AIDS links are also provided. Online access to these items available at: <http://iiep.tomoye.com/ev.php>.

UNICEF

State of the World's Children: This annual publication provides child and maternal welfare statistics for developed and developing countries. Indicators include infant and under-five mortality rates, access to water and sanitation, vaccination rates, nutrition statistics (e.g., access to micronutrients, breastfeeding, and low birthweight), births attended by trained personnel, and basic education and economic statistics. Report including online data tables available at: <http://www.unicef.org>.

Progress Since the World Summit for Children Statistical Web Site: This Web site provides child health and development data by country. Global and regional summaries with graphics are available as are data on progress on attaining child health goals set at the World Summit for Children in 1990. This Web site also contains data from the Multiple Indicator Cluster Surveys (MICS) from over 60 countries. The survey reports contain data on child welfare. Online database and reports available at: <http://www.childinfo.org/index2.htm>.

United Nations

World Population Prospects: This semiannual publication provides estimates and projections of demographic indicators for developed and developing nations from 1950 to 2050. Indicators include total population, population by five-year increments, migration rates, total fertility rates, number of births and birth rates, dependence ratios, infant mortality rates, number of deaths and death rates. Data are often divided by gender and residence (urban/rural). Online database available at: <http://esa.un.org/unpp>.

USAID

Children Affected by HIV/AIDS Project Profiles: This annual report highlights USAID-funded initiatives that support vulnerable children and adolescents in the regions and countries where USAID works. Project profiles include program descriptions, accomplishments, project models and tools, available technical assistance, and project contact information. Online version of the report available at: <http://www.synergyaids.org> and <http://www.usaid.gov>.

USAID, UNAIDS, and UNICEF

Children on the Brink: This annual report provides national estimates and projections of the number of orphans by country, type (whether the orphan has lost the mother, father, or both parents), and cause (AIDS or non-AIDS) for countries in Africa, Asia, and Latin America. Online version of the report and data tables available at: <http://www.synergyaids.org> and <http://www.usaid.gov>.

U.S. Bureau of the Census

International Database: This database of demographic information is updated periodically. Data are available for developed and developing countries and cover statistics similar to those from the U.N. World Population Prospects. Online database available at: <http://www.census.gov/ipc/www/idbnew.html>.

HIV/AIDS Surveillance Database: This database of HIV/AIDS seroprevalence data by country and population group is updated twice a year. Database and summary statistics available at <http://www.census.gov/ipc/www/hivaidsd.html>.

The Census Bureau's International Programs Center also publishes estimates of population sizes in selected countries severely affected by HIV/AIDS.

World Bank

World Development Indicators: This annual publication provides data and analysis on a wide variety of demographic, health, economic, education, environment, and wealth topics. Indicators include national per capita income, availability of health professionals, school enrollment rates, poverty, deforestation, importation and exportation of goods and services, and foreign assistance. Information on how to obtain a copy of the publication and access to online data available at: <http://www.worldbank.org>.

Early Childhood Development Web Site: This Web site provides statistics and links to resources on child health and development, including resources on orphans and vulnerable children. Of particular note, the site's "Operational Guidelines for Supporting Early Childhood Development in Multi-sectoral HIV/AIDS Programs in Africa" provides insights and frameworks for developing policies and programs. Online data and reports available at: <http://www.worldbank.org/children>.

World Health Organization

World Health Report: This annual report provides information and data on disease magnitude and severity and health care access. Indicators include death by major causes, disability-adjusted life-years (DALYs), healthy life expectancies (HALEs), and prevalence of illness risk factors. Reports and data tables available at: <http://www.who.int/whr/en>.

Appendix 2: Country/Region-Specific Data Collected and/or Presented in a Situation Analysis

Demographic statistics

- Age structure
- Infant, child, and adult mortality data
- Average annual growth rate of urban population
- Access to health and education

Economic situation and constraints within the country or communities

- Population in absolute poverty
- Gross national product (GNP) per capita and annual growth rate
- Employment rate

HIV prevalence rates (%) for adults and children

- Geographic trends in HIV prevalence
 - Urban, peri-urban, and rural areas
 - Various sub-regions and districts of the country

Country-specific definition of orphans and vulnerable children

- Number of children orphaned by AIDS- and non-AIDS-related deaths

Estimated numbers of children orphaned by AIDS by geographic area

- Current number of orphans
- Projected number of orphans
- Percent of orphans in the population
- Percent of orphans living on the streets
- Percent of orphans living in institutions
- Age of orphans

Percent of households currently caring for orphans

- Number of orphans within those households

Percent of child-headed households

- Percent of children in child-headed households attending school

Percent of children who have dropped out of school

Percent of children working

Food security

- Nutritional status
- Number of daily meals children prior to orphanhood

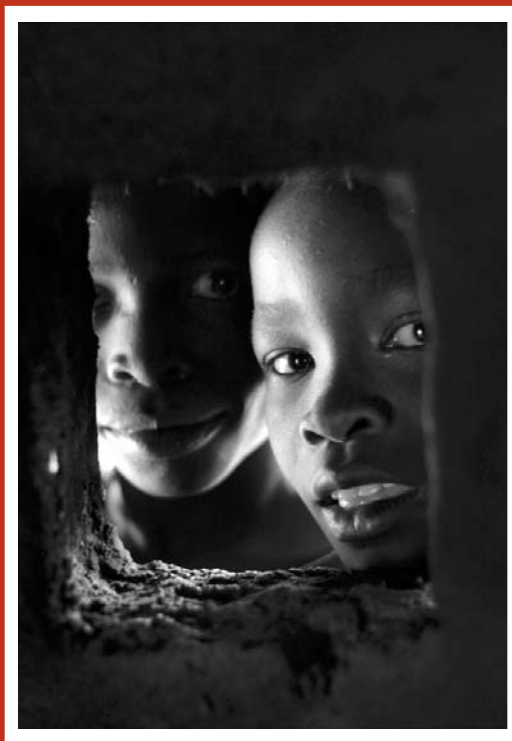
- Number of daily meals children eat currently
- Number of days children go without food

Caretaker profiles

- Average household size
- Percent of orphaned children who live
 - With a remaining parent
 - With grandparents
 - With siblings
 - With aunt, uncle, or other extended family
 - With non-family members
 - In institutional care
 - On the streets

Possible Sources

- National AIDS prevention and control programs
- UNAIDS
- Ministries of health, planning, economic development, education, etc.
- National or regional offices of the World Health Organization
- Researchers
- Published reports and research
- Special surveys
- Census data
- Demographic and Health Surveys
- University departments of health
- UNICEF country plans and reports
- UNICEF's *The State of the World's Children*
- Publications and reports by government ministries or departments, universities, United Nations, other international and bilateral organizations, etc.
- Staff working with children in especially difficult circumstances
- Pediatric hospital personnel
- The World Food Program (e.g., vulnerability mapping)
- DHS, MICS, and Behavior Surveillance Surveys (BSS), Living Standards Measurements Surveys (LSMS)



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